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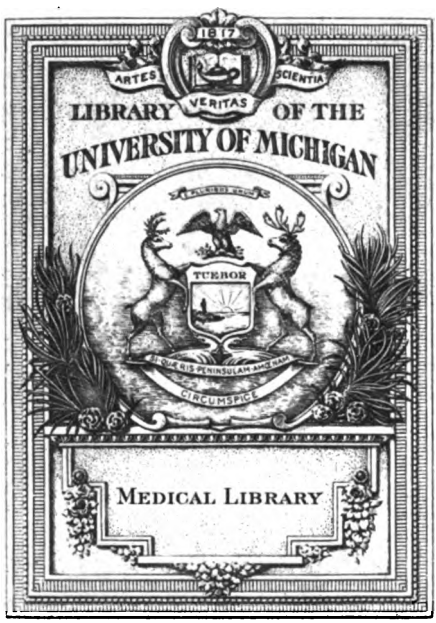

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ORIGINAL COMMUNICATIONS.

ADHESIONS AND HERNIA.

By D. F. Lee, M. D., Indianapolis.

Having discussed in a previous paper the dangers of the truss and the unsurgical procedure of trying to cure hernia by injecting the sack, I have purposely omitted reference to either of these in this paper.

A slight reflection will show that a very large per cent. of cases of strangulation are the result of adhesions of some kind. It is equally true that nearly all cases of incarcerated hernia are so imprisoned by adhesions, and this is very important since in nearly every case, especially if the imprisoned part be intestine, it will sooner or later become obstructed or strangulated. The probability of existing adhesions should be carefully considered before attempting reduction of a hernia by taxis.

The extent of injury in strangulation often depends upon the character of adhesions in the case.

A very extensive adhesion may exist and not do serious harm, while a very narrow band may give rise to most serious obstruction of the bowel content, and at the same time produce rapid death of the intestine by obstructing its circulation. And, again, a broad adherent surface may so disorganize the gut wall by hypertrophy or softening, that resection will be necessary to prevent the dangers resulting from raw surfaces, or oozing, or, possibly to avoid the danger of contraction of cicatricial tissue; or, still again, to protect the peritoneum against the ravages of escaping pathogenic microbes.

The various types of adhesions may be studied under three classifications. First, those taking place in the hernial canal; second, pre-existing intra-abdominal; third, post-operative intra-abdominal.

Of the adhesions taking place within the hernial canal, the types are so varied

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that some of the more culpable only will be considered. For convenience, these may be divided into various classes.

Adhesions may take place between the sack and hernial content in such a way as to strangulate the bowel, if the content is reduced en masse. (See case report No. 1.)

The intestine may be adherent to the sack, absorbing a portion of the same, and then become firmly adherent to the wall of the hernial canal. If an intestine be found thus imprisoned, the utmost care should be used in opening the sack, for two reasons: (1) care is essential that the bowel be not injured, and then by proper care the sack may be utilized to cover over raw surface of the bowel. (See case No. 2.)

Adhesions may exist as in cases of incarcerated hernia in such a way as to cause complete obstruction without immediate strangulation. My own observation leads me to differ with some good authors who have expressed themselves regarding this condition.

Dr. Ochsner says: "In femoral hernia the intestine rarely forms any portion of the contents, except in strangulation."

Dr. Nicholas Senn says in his book, "Practical Surgery," "Incarcerated and inflamed hernia do not give rise to intestinal obstruction, and the symptoms are referred to the local swelling."

Dr. H. H. Mudd, of St. Louis Medical College, in an extensive article published some years ago, speaks as follows:

(Obstructed Hernia)—"Where this condition is present without strangulation, it is usually slowly developed. Constipation is present, the abdomen becomes gradually distended, eructations of gas, borborygmus, but without any escape of flatus per rectum attest the severity of the obstruction. Vomiting, which finally becomes fecal, completes the group of symptoms and often renders it difficult to separate this condition from that of strangulation."

Having found complete obstruction without strangulation resulting from the incarceration of intestine in the femoral hernia so frequently, leads me to believe that this formidable condition is more common than is generally considered. (See cases 3, 4 and 5.)

Another condition found within the hernial canal, resulting from adhesions, is a permanent enlargement of the structures forming the tumor, which is effected by deposits of fat or by fibroid or glandular thickening. This condition was also pointed out in the same article before referred to, by Dr. Mudd. Such a condition must have been considered by Dr. Howard Kelly when he advocated the cure of an incarcerated hernia by leaving the omentum to plug the canal, preventing the ingress of intestines. I do not believe that any incarcerated hernia should be left until it produces trouble before it is relieved.

As a rare specimen of enlargement of the hernial tumor, I would report one case as No. 7.

That intra-abdominal adhesions present before operation may exist in such a way as to hinder the proper function of the bowel after being released from strangulation, I am fully convinced. A portion of intestine having been subjected to strangulation, whether it be necrotic or not, must necessarily be more or less paretic.

Ochsner claims that the portion of intestine most frequently found in the hernial content is a small loop a short distance above the ileocecal valve, and says that this has a longer mesentery than other portions of small intestine.

It is true that anatomists do not bear out this statement, but since Keen, in his "Surgery," mentions the same fact, and since Ochsner cures hernia in children by rest in bed with elevated foot, on the theory that in such posture the hernia is cured by retraction of the mesentery, it is strongly suggestive that an abnormal mesentery is a cause of hernia. It is worthy of note that in hernia of the intestine the mesentery is always stretched.

It is readily apparent that an old-standing adhesion in the region of the

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appendix, or near the wound, may hold this weakened bowel in such a way as to cause it to kink upon itself so as to dam up the passage way. While if it were free the peristalsis would straighten out the paretic muscles. It is also reasonable to conclude that a weakened portion of gut held in contact with the parietal wound will favor adhesion or softening, and may result in reopening of the wound.

The two cases I shall offer are interesting, and demonstrate the reasonableness of these claims. (For further comment see cases Nos. 5 and 6.)

That disastrous adhesions do follow the return into the abdominal cavity of intestine injured by strangulation, is well known to all who have had much to do with these cases. Raw surfaces thus returned may create various types of tied-up viscera. Or, again, bowel may be returned, the walls of which are so softened as to allow the escape of infection that may set up general peritonitis. That there is increasing interest regarding this condition is evidenced by the fact that the consensus of opinion is to resect, if there is doubt. But, what shall constitute doubt? I have seen men of equal merit deal differently with very similar conditions. There are two sources of error. One man may fear much from raw surfaces made necessary by extensive dissection to release adhesions, and he may overlook a grave condition in a devitalized bowel, while another surgeon may fear mostly the disasters of necrosis, and he may return a bowel whose surface would appear to another as being much mutilated. Personally, I would rather take chances on the live gut. It is well to remember that the proximal end is the damaged portion, and, no doubt, some of the failures after resection are due to the fact that the excision is not made high enough to insure sound tissue to operate on.

A bowel may be much discolored, but if it is not flacid or leathery, and no break in the peritoneum, it may be much safer than one whose circulation does not respond to the use of hot towels, or whose peristalsis is not aroused by the stimulus of pinching. The deeper structures of such a bowel are likely to give way and seriously disappoint the operator.

The cases we wish to report are not all recent, but have been chosen on account of their value as evidence in support of the various claims mentioned.

While a certain amount of it appears necessary and unavoidable in all case reports, we have tried to limit the incidental to the minimum.

Some things are important as being common in several of these cases. For instance, I would call attention to the fulness with which the reports attest the value of the conservative treatment of Ochsner as advocated in appendicitis and obstruction of the bowels by that expounder of surgical gospel. And also would I ask your sympathy in viewing the unavoidable circumstances that forced such a course upon us.

Case No. 1—Mrs. S. C., aged 62, called me to her home on Monday morning, April 25, 1898. Upon my arrival she stated that she had during the night just past suffered from a violent fit of coughing, and that after this paroxysm her hernia was much larger and harder, and she could not get it back.

Inspection revealed a right-sided inguinal hernia in a very thin abdomen. It was evident that reduction by taxis was not practical. Operation was advised immediately, and Dr. H. T. Cotton was called to give an anesthetic and assist in the operation at her home. The peculiar condition which is the object for reporting this case was found as soon as the incision was made. It was evident that this hernia was a very recent one, and, until the fit of coughing had enlarged it, was a very small one. The neck of the sac had been adhered to itself in such a way as to form pleats, making a constriction, but not adherent to the canal. During the sudden, forceful enlargement and distension of the sack this whole mass had been forced out into the canal, making a complete

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strangulation within the sac. Upon opening the constriction, a small linear necrocis was found which was folded in by two lembert sutures; the remainder of the bowel being in good condition it was returned, and the patient made a good recovery with a complete cure, and came to me ten years later to have a carcinomatous breast removed. It was evident that this hernia could have been reduced under anesthesia. The disaster which must have followed is obvious.

Case No. 2.—Mrs. J. D. J., aged 50. The subject of a right inguinal hernia called Dr. H. H. Weir, of this city, to see her at her home on the evening of December 13, 1910. The doctor found her suffering, as he believed, from strangulation, whereupon he advised consultation, which the patient resisted until the afternoon of the next day, when I was called to the case and readily agreed with her physician that operation was the only thing to offer, to which she consented, and was immediately removed to the Methodist Episcopal Hospital. The condition of this patient was bad; she showed unmistakable evidences of sepsis, these evidences being marked by the condition of the skin, and pulse, singultus being a pronounced symptom. Assisted by Doctor Weir and the internes, she was operated upon as soon as possible after arrival at the hospital.

The patient had a right-sided inguinal hernia; the firm union between the intestine and the wall of the canal was easily palpated. Upon coming down upon the sac, it was found that this firm adhesion existed between the proximal end of the gut and the wall. The sac was adherent to this intestine near the line of adhesion to the hernial canal, then going over the other portion of the loop of intestine. The sac was opened far away from this adhesion. The release of the bowel from the canal had to be made by sharp dissection. There was much hypertrophy of the intestinal wall and a rather large raw surface, but the lumen and circulation appeared adequate. The flap of the sac adherent to the intestine was reflexed, covering the major portion of the raw surface; the bowel returned; the canal repaired; the stomach washed out, and a most satisfactory recovery followed. It being now three years since the operation, the patient is well and has no hernia.

The autoplastic use of the sac is very nice in suitable cases of live bowel. I have not tried it on necrotic tissue. In 1909, Lerda, of Rome, reported two cases where he used it in necrosis of the intestine from strangulation where the condition of the patient would not permit much surgery. The report says that each case had a fecal fistula; one is reported as tending favorably toward healing; the other healed in twenty-five days.

The next three cases have features in common in support of the claim that obstruction is caused by an incarcerated bowel without strangulation. In each of these cases there was a femoral hernia with incarcerated intestine, without any sign of peritoneal sac. In each instance it was only necessary to dig the intestine out of a bed of fatty adhesions. In each of these cases also, on account of circumstances over which we had no control, we were compelled to resort for several days to the Ochsner regime.

Case No. 3.—Mrs. R. R., aged 60. Summoned the writer to her home in the month of October, 1903. Patient, a fat German lady, presented a complete syndrome of ileus. Examination of the hernia region revealed a very small lump at the left femoral ring, but after careful inspection and considering the very small size of the tumor, it was not considered responsible for the obstruction. I should say that pain was not referred to this local swelling. After being fully convinced that there was mechanical obstruction, consultation was asked for and on the third day was accepted. Dr. Geo. J. Cook was called. I did not think to call his attention to the lump which I considered insignificant, nor did he observe it. We agreed upon operation, but the patient did not accept it. On the evening of the seventh day Dr. Cook was again called, and the patient agreed

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to be operated on the following morning, when Dr. Cook made a median incision, and while running the empty end of the bowel we simultaneously noticed the traction on the tumor at the femoral ring. Inspection of the visera showed that this small hernia was wholly responsible for the obstruction. It consisted of a very small portion of intestine embedded in fatty tissue; the operation completed, the patient rallied and passed considerable flatus per rectum, but suddenly expired twenty-four hours after the operation from some heart trouble not understood, but, no doubt, due to the long wait before the operation.

Case No. 4.—Mrs. O. M., aged 28. Seen first for the present trouble on the morning of January 28, 1904. Condition, incarcerated left femoral hernia of the kind before described. History of the case being affixed tumor, having existed for some months would of itself forbid any attempt at taxis.

Operation was persistently resisted until the sixth day, when Dr. G. A. Coble, of Augusta, was called to assist. The operation was easy, and the recovery prompt and complete, notwithstanding six days of obstruction, but without strangulation.

Case No. 5.—Mr. J. H., aged 82. Sent for me August 28, 1904. He was in great pain. A greatly distended abdomen with fecal vomiting and complete obstruction, resulting from incarceration of intestine in a right-sided femoral hernia. Stomach washing was done before the operation as in cases No. 3 and No. 4, which gave much relief in this case by quieting the intra-abdominal distress. He was operated in a few hours after the condition was recognized, Dr. Coble again assisting the writer.

Not only does this case show, as do cases Nos. 3 and 4, the complete obstruction without strangulation, but is reported also to show that intra-abdominal adhesions existing before operation may, if not released, prevent success from the operation. Upon releasing the incarcerated intestine in this case, it was found that the distal end was adherent to the parietes above the ring, and could not be released without making another incision, to which the consultation of some four generations present would not consent. It was with fear of disappointment that the wound was closed. The bowel would not leave the wound, although it was apparently in perfect condition, as the subsequent behavior would indicate. There was no relief from the obstruction. The wound healed, and the family would not consent to further operation. Nothing could be done but continue rectal feeding and stomach antiseptics. The patient lived thirty-one days, the wound showing a fecal fistula on the twenty-eighth day.

Case No. 6.—Mrs. M. W., aged 60. While at her summer home at Bass Lake was suddenly taken very ill, on July 26, 1910, and called Dr. Englerth, of North Judson, Indiana, who found her to be suffering from strangulated left-sided inguinal hernia. She did not know until now that she ever had a hernia. Being informed by Dr. Englerth that an operation would be necessary, the patient had him call Dr. H. H. Weer, of this city, her family physician, through whose kindness the case came into my hands.

Upon my arrival at the patient's home, I found a fleshy lady, 60 years old, who was suffering from a condition producing anasarca. She had recently had a fall from which she sustained a Colles and a Potts fracture, in both of which instances Dr. Weer had obtained good results. The bowel had been strangulated twenty-four hours and it had been necessary to give codine to control the abdominal pain. She had been voiding but little urine, and the same contained much albumen. The dropsical condition was very marked, the mons veneris standing up like a hill by the side of the hernial tumor.

With the assistance of Dr. Englerth and Dr. Williams, both of North Judson, I operated her at once. Going through the thick abdomen, we came upon a very dark bowel, which evidently had

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become strangulated at the internal ring by having suddenly become overdistended. Though the bowel was very dark, it afforded a beautiful demonstration of returning circulation as one viewed it in the early morning sun's rays. The proximal end of this intestine would not come beyond the internal ring; it was adherent to the parietal wall; could not be released by the amount of surgery the patient could stand.

The intestine was put away; the wound closed, and everybody interested in the case was informed of a possible failure on account of the adherent bowel. I had no word from Dr. Englerth, who had charge of the case, until the twelfth day, when he said the wound had apparently healed and the patient was doing well, bowels moving naturally, patient eating and sleeping well. On the fifteenth day I had a second letter stating that the patient had a fecal fistula, and I was not surprised, for I remembered that I had been compelled to leave a lame intestine in contact with a wound in a very bad subject. Instead of growing less as we hoped it might, the fistula grew larger, until in a few days everything was passing through the opening and nothing by the rectum. It was decided by a conference by mail between Dr. Englerth, Dr. Weer and myself to keep the patient in bed a few days to insure good union between the parietes and the bowel, and then bring her home and try rectal feeding. This was done, and she came home August 18th. She did well under the rectal feeding, the quantity of urine going up to thirty-five ounces per day; the wound, a very ugly and foul one, healed sufficiently and about the 10th of September the bowels moved by the rectum, and for three days very little passed by the wound; then food was allowed in greater quantities by the mouth, but after some five days, the wound being pretty well healed over at the bottom, the symptoms of obstruction returned. The family thinking some stomach trouble had "come up," Dr. Cook was called into the case by the writer. It was evident that expectancy was no longer to be considered.

The bowel being fixed by adhesion and the size of the spur would make repair out of the question, without a new incision, and we had little hope of the patient's being able to withstand the shock of opening the abdomen. I retained Dr. Cook in the case. The patient was taken to the Methodist Hospital, where we found she could not stand an anesthetic. She was returned home and died one week later. I am sure nothing more could have been done for this patient. I am also fully convinced that the intra-abdominal adhesions holding the gut against this wound was the cause of the wound's reopening. It is pertinent to mention that a brother of this patient, a local physician, had treated her for appendicitis two years before the time of operation.

Case No. 7.—Mr. D. J. W., age 34, of Terre Haute, Indiana, came to Indianapolis April 22, 1909, to consult a "rupture specialist." According to the statement of Mr. W., a very honorable gentleman, the specialist, after working three hours to reduce a mass in the groin of this patient, failed to reduce it, and told him to go and get a truss and wear it a while. Mr. W. went to his hotel and I was called to see him. I found a fine physique, six feet, four inches tall, he had for my consideration a mass in the right inguinal region. Examination led to the concluson that he had an irreducible omental hernia, as it intereferred with his ability to follow his trade, that of an iron ruffer. I advised removal, and at his request I went to his home city and with the interne at the St. Anthony Hospital and Dr. Friez, the patient's family physician, operated upon him on April 23d. Upon opening the long canal, I came upon a tumor three inches long and one and one-half inches in diameter, being completely dome shaped at the outer end.

The tumor was well defined, having at some points what appeared to be a delicate capsule. There was on one side of the mass, near the middle, a portion of

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what was evidently a part of the original peritoneal sack; it would approximate about one inch square in size.

The tumor was attached all around to structures forming the internal ring, but did not enter the abdominal cavity. Palpation showed that the mass was hollow. I went through the dome with my fingers and found in the hollow a small wad of omentum not attached and not damaged. The walls of the tumor were more than one-half inch thick. The mass was dissected from the canal, and a Bassina operation done. One year afterward a letter from the patient stated that he was working every day and had no hernia. I regret that I did not have a pathological report on this case.

A summation of the evils of adhesions lead us to the following conclusions:

First: That the discovery of an irreducible hernia constitutes an emergency demanding an operation.

Second: That intra-abdominal adhesions existing at the time of operation should be relieved if practical so to do.

Third: That in cases of doubtful vitality of the bowel, the patient should be given the benefit of resection. If resection is done, it should be extensive enough to insure sound tissue in which to make the repair.

ACTIVITIES OF PUBL IC HEALTH SERVICE.

By Ada E. Schweitzer, M. D., Indianapolis.
Assistant Bacteriologist, Indiana State Board of Health.

Few persons realize the importance and value of the United States Public Health Activities. Under the direction of Surgeon-General Rupert Blue trained experts are engaged in promoting the welfare of the people by the eradication of all conditions that foster or spread disease.

At the hygienic laboratory in Washington, many lines of research are being conducted. Results of investigations are available in the form of Bulletins which may be had upon request by addressing the Surgeon-General, Public Health Service, Washington, D. C., and designating the bulletin wanted.

To place graphically before the citizens the work of the Public Health Service, moving picture films have been prepared showing actual work in progress at Washington, in California, in New Jersey, at Stapleton and at Ellis Island in New York.

The Washington film shows two boats in service collecting samples of water from the Potomac, one above and one below the city. Working side by side the men take simultaneously samples for chemical and bacteriological examination to determine sewage contamination and its possible dangers. When the laboratory work is completed results are tabulated and are also recorded on a huge map of the river and vicinity by varicolored tacks. A glance at the map shows the head of the department just how much work has been done and whether the condition at any location needs improvement.

At the Milk Station experiments are being made just now to determine the relative nutritive value of pasteurized and of raw milk. The raw milk is obtained from the government herds thus placing the condition of the supply under absolute control. The film shows a procession of mothers coming to the clinic, the examination and weighing of children. Experts prepare feedings according to formulas written by the physician and accurate records of health, weight, etc., are kept.

In the rabies department the actual process of manufacturing of the virus is shown. The preparation of the rabbits, the removal of the cord, the drying, and later the method of preparing of virus for the inoculation of the patient all take place before one's eyes.

Finally the illustrator is seen at work in his department making drawings of gross and of microscopical pathological

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conditions. No detail is too fine to escape his observation. One series of pictures shows the condition of the mucous membrances of the eye in various stages of trachoma, beginning with the congestion of the blood vessels in the acute stage, showing later beginning cicatrization, connective tissue formation, and lastly the pannus tenuis and trichiasis of old trachoma.

The work done in New Jersey in the war on the mosquito shows first ditching by the old method and the incidental benefit to the owner in the increased productivity of the land. Later we see the machine ditch at work removing sods weighing 400 pounds each. In the inland work the town board provides for pouring oil over the surface of pools in which larvae have been found. The finer grades of oil are found to spread better than the more viscid crude petroleum. This film shows also the actual hatching of the eggs, the larvae in repose hanging head downwards, the tip of the breathing tube at the surface of the water. Where the surface of the water is coated with oil no air can reach the tube and the smothered larva sinks slowly to the bottom of the pool. Finally after observing the pupa stage we see a mosquito emerge full grown and after resting a few moments fly away to alight on a man's hand and slowly gorge itself with blood. Typical breeding places are cleansed out and filled up with earth. As sewers are favorite breeding places oil is poured into them also. The war is aided by the larvae of the water beetle which devour the larvae of the mosquito. Children from the schools are taught to observe the larvae and to aid in the work of destruction.

A trip across the continent while the reel is changed finds the work being vigorously carried on in California. Officials, hospitals and quarantine stations are shown. Soon a boarding steamer comes alongside a vessel from a foreign port and a rigid inspection of passengers and crew follows.

The quarantine officer has always to know the sanitary history of the voyage, the personality of the captain, the liklihood of concealed infection, the attitude of the ship's surgeon and the kind of cargo carried. In the bulletin on maritime quarantine Cofer says, "His decision is expected to afford protection to the community and yet to act as a sanitary sieve and not as a dam to commerce."

When necessary, persons are taken to the station for disinfection. As they are landed their effects are placed on a large car in wire baskets or loose canvas bags which are checked. The car is at once wheeled along a track into a Kinyoun-Francis disinfecting chamber so arranged as to be used with jetting steam, steam under pressure, with formaldehyde gas alone or with gas and dry heat.

All the hawsers of the steamer are protected from the passage back and forth of rats by the application of large circular guards fastened about the ropes. In the hold of the vessel huge pots of burning sulphur are placed in vessels of water, live steam is released and the hatches fastened down, and all openings are sealed. An atmosphere 4.5 per cent. of sulphur dioxide can be obtained by burning five pounds of sulphur per 1,000 cubic feet of space. This amount would require the volatilization of about one pint of water. Twenty-four hours are required for bacterial infections. After the fumigation is complete, covering is removed and any dead rats are collected.

The scene shifts to the examining room where Japanese emigrants are waiting in line to be examined for trachoma before final admission to this country.

In San Francisco a rat-proof dwelling and barn are shown with good foundations and screened windows, and doors that fit. The preparation of rat poison placing it on pieces of bread, planting and setting traps, collecting and tagging rats from traps in barns and sewers and the report to the collector illustrate possibilities in rat extermination.

The destruction of the ground squirrel another plague carrier, calls for a different procedure. An inspector rides

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out on horseback, goes over tracts of land and serves to the owner legal notice of the presence of the ground squirrel. Shortly after a small army appears each armed with a pick and with a small force pump with a generator and a rubber tube attachment. The tube is placed in the opening of the burrow, dirt is packed about it with the pick the generator is started, and the deadly gas is rapidly pumped into the hole. The operations are continued until all the field has been covered. The postmortem examination of the ground squirrel, the microscopical examination of a culture from a rat and the combing of a rat for fleas are pictured.

That the department is active in preventing not only the importation of and spread of communicable diseases, but is also concerning its self with the class of citizens admitted to this country is shown by pictures of receiving station at Ellis Island. The line of emigrants leaving the ship is conducted to various departments where physical examinations and mental tests are held. Throats, eyes, chests are examined for possible disease and tests are employed to discover mental defects. Any person having an infectious disease is hurried to the hospital where he is given proper treatment until cured. Having passed all tests and having been released from the hospital these citizens in embryo are yet to be subjected to many tests before their final fitness is determined. The importance of protecting this country from the emigrant having hereditary defects is recognized. From these few pictures some conception of the nature of the work may be obtained. The military discipline and accuracy which prevail give assurance of the reliability of results. The value of the Public Health Service in promoting health, in protecting property and in giving stability to other work of the government is inestimable. In every great enterprise the sanitary expert is the pioneer.

ARE WE REGULARS DOCTORS.

By George L. Servoss, M. D., Gardnerville, Nevada.

At the recent meeting of the American Medical Association it was noted that less than fifty men attended the meetings of, or were registered in the therapeutic section, while more than ten times that number both registered in and attended the sessions of the surgical section. Was it because there was nothing particularly new to be obtained through listening to papers on therapeutic subjects, or were these papers worthless because of the fact that the readers knew but little of the subjects considered, or is it not the style to give attention to the treatment of disease through the use of drugs, chemicals and other therapeutic agents.

With such a small showing as this in the section on therapeutics it is little to be wondered at that the regular doctor is said to have such a slight knowledge of drugs as to be unable to prescribe them properly, or to know what drug or other agent to employ under certain indications. It looks very much as though we of the medical profession, and more particularly the regulars, were followers of fads and that surgery happened to be the particular one of popularity at this time.

We have an American Therapeutic Society with a membership limited to one hundred, and this again looks as though the consideration of drugs and their applications were to be taken as a secondary matter. In fact there is every indication that internal medicine, in so far as applied therapeutics may be concerned, is a thing of the past. We have ceased studying tools of this sort to a very great extent and are giving more of our attention to surgery and other special lines of work in which there is more money than in internal medicine. Or at least that is the way it appears to the onlooker. It is true that the internist

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does not do as well, in a monetary way as does the surgeon, even though his ultimate results may be equally as brilliant.

The fact of the limited attendance at the section on therapeutics shows very plainly that but few of us are in the ranks of the real doctor, the man who would endeavor to get results through the use of drugs. We have been told, time and again, that drugs are practically worthless and we have seen the list of such agents cut down in number year after year, until today the official drug agents are comparatively few, and that despite the fact that workers in the field, men who have seen results, have told us that many of those on the taboo list are active and worthy of use.

We have listened to the professors of the faculty and been told that it is practically useless to administer drugs in the majority of cases presenting, and many of us have accepted their words as final. We have not, however, looked into the history of such men to any very great extent and do not know that they are ones who have had any very great experience in the use of such agents. Those of us who have followed up and taken into consideration the past lives of such men have frequently found that they give much more attention to teaching than to actual practice of medicine and that they base their ideas and sayings upon laboratory findings rather than upon experience gained in active practice. Many of these members of the faculty are salaried men who have so much to do in connection with college work as not to allow them any time to speak of for active practice. Many of them do not give any attention to the clinical work in connection with their schools. Their teaching is practically all of a didactic nature. Still they would tell us that the list of drugs should be limited; that where several drugs have practically the same effect, all but one, or possibly two, should be all that are necessary to retain in the official list. They would have us retain belladonna and discard hyoscyamus, as both have similar actions, and further for the reason that the first mentioned is very frequently more active than is the latter. They do not realize that the actions are not absolutely identical in all cases and that very frequently hyoscyamus, or its alkaloids, hyoscine and hyoscyamine are preferable to belladonna or its alkaloid, atropine. They show very conclusively that they have not given all drugs and their actions and effects sufficiently close study. They would have us discard many of the cathartic agents, for the simple reason that one or two will do the work, and regardless of the fact that many on the taboo list are equally efficient and at times preferable of use.

There was a time when we all treated diseases as entireties and without attention to individual indications. We considered that pneumonia in one person was identical with that in another and that the medication for one case would fit in very nicely in all others. There are many of us who seemingly cling to this idea. This is one of the greatest reasons for the therapeutic nihilism which has been rampant in the American medical profession for years. I am speaking of the regular profession. This has not been true with the homeopaths or the eclectics, as the men of these schools have studied their drug agents in a different manner than have the regulars. They have disregarded diseases as entireties and have given their attention to the consideration of individual conditions or indications for single remedial agents. They have administered only those drugs which they have found to be indicated at various times during the course of a disease and in addition their resports of cases show that they have gotten results, even though employing many agents now on the taboo list of the regulars.

These schools outside the regular ranks have been ridiculed and subjected to the scorn of many of us, but nevertheless we have much to learn from them. If we look over the reports of their meetings we will see that their sections of therapeutics are invariably

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well attended and that they are always endeavoring to give closer study to the matter of internal medication. We find that many papers on the subject of applied therapeutics are read and that the discussions thereon are voluminous. They are always endeavoring to perfect their knowledge of drugs and their applications and in consequence becoming better doctors.

The eclectics taught us much of plant drugs. That is they showed us the specific applications of these agents under certain conditions, and had it not been for their teachings we would still be buried as deep in the mire of empiricism as was the case with our forefathers. This school showed us, and very conclusively, that certain plaint drugs, administered under certain known conditions, would bring certain results. They also showed us the manner of use of these agents. While we may not believe wholly in the theory of the homeopathic school, we are obliged to give them credit for having drawn our attention to the symptoms or indications as expressed in the different pathologic conditions, and likewise should we thank them for having shown us that huge doses of medicants were not absolutely necessary.

The great trouble with the regular profession lies in the fact that its members, or at least many of them, consider themselves the peer of all others. They place themselves upon a pedestal from which they look down and ridicule all others not within their own particular school. They will not accept the findings of the members of other schools, not even when shown that such findings are worthy of some respect. In other words many of the regulars are not doctors in the truest sense of the word, in that they are narrow and will not accept the teaching of other than their own particular school. Quite an appreciable number of the therapeutic teachers are of this class of men.

The eclectics in particular, through results obtained, have forced the regulars to administer more medicine in the treatment of diseases, and for the simple reason that the laity has noted that the former frequently get results where failures have followed the attempts of the drugless regulars. The electics showed us that many of the acute infections might be aborted, that they were not "self limited," and we were thus obliged to do more for our patients than merely "look on" while they were fighting microbic action.

We are not doctors, we of the regulars, for the simple reason that one of the most important things in medicine, the use of therapeutic agents, properly applied, has not been given the proper attention by our schools. We are turned out to practice medicine with a vast fund of pathologic, surgical and other knowledge, but with but little of applied therapeutics and when we meet with a condition know but little of what to administer to bring our patients relief. If we were properly taught we would not lock up a bowel carrying an irritation, but would give Nature assistance in her efforts to rid the economy of the disease producing cause. We would not allow the fever of pneumonia to continue indefinitely, with associated congestion of the lung tissue, thus favoring the growth of the pneumococcus therein, but would endeavor to lower the temperature and throw the blood to the surfaces, thus giving the bacteria less upon which to feed. It was the electic who first used veratrum in pneumonia, and the application of this drug was rational, and we regulars who have subsequently employed it have found that it acts to abort the condition and to remove it from the "self limited" disease list.

No, we regulars are not real doctors, not by any means. Nor will we be such until we descend from our pedestal and mingle with the men who are accomplishing things with drugs. Nor will we be real doctors until we drop the fads associated with the profession and give more study to our tools and their applications. We must have a better showing in our therapeutic sections than during the past few years if we would not

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be ridiculed and told that we know not enough of drugs to properly write a prescription, or to properly apply our remedies. We must wake up, and that in the very near future, or else quit the practice of internal medicine, as we will never be successful practitioners if we cling to the ideas put forth by the therapeutic nihilists. Those few of us who have given internal medication close study and attention have found that many things said by the so-called authorities are almost, if not quite, wrong. We have been told that intestinal antiseptics are worthless, or nearly so, but have gone on employing them, nevertheless, and found that they have given us results of a very satisfactory nature. When we cease listening to the few and accept the findings of the many, then will be become real doctors, and not until such time. When we see as many doctors attending the sessions of the therapeutic sections as are found within those devoted to surgery, then will we become better doctors. Therapeutics are as necessary as is the scalpel, the hemostat or any other surgical instrument, and are equally as great life savers, if properly applied.

IN THE RAILWAY CARRIAGE.

"The British custom of locking passengers into compartments in railway carriages,' says an American railway man, "is productive of all manner of curious and amusing results.

"On one occasion I was a witness of this one: At one station a woman with a lorgnette entered. She gazed sternly on the man opposite. Before seating herself she opened the carriage window and sent it down with a bang. At the next station another woman entered. As she sat down she gave a look at the open window and shivered pathetically. Then she shot an appealing glance in the direction of the male person. 'I shall be frozen to death!' she cried.

"'If that window is closed I shall suffocate!' retorted the woman with the lorgnette.

"Just then the porter came around. At the request of the second woman he be- furious glance from the lorgnette, he desisted. Clearly, he was in a predicament.

"'What, sir,' asked he of the man—'What would you say as 'ow I should do, sir?'

"'It's quite simple,' said the man as he rose to leave the train. 'Leave the window as it is until one lady is frozen to death; then close it and suffocate the other. I am getting off here.'"—Lippincott's.

LEARNING FAST.

When little Willie's mother opened the door to the vicar, her face beamed with joy and welcome, in spite of the fact that it was washing-day.

"This is a real pleasure, sir," he began. "I've been waiting to thank you for the good you've done our Willie by your evening classes. Home's as different again since he attended the plumbing and gasfitting class!"

"This is, indeed, gratifying—very!" said the vicar. "Now, what improvement have you noticed especially in little Willie of late?"

"Well, he's arranged our penny-in-the-slot gas meter so that we get our gas for nothing. You see, he's moved it from the scullery to outside the front door, sir."

"But you still have to put your pennies in the slot, my good woman!"

"Ah, but you see, sir, before he put the meter in the road our Willie wrote 'Chocolates' over the slot!"—London Answers.

AN UNDESIRABLE.

The new baby had proved itself the possessor of extraordinary lung powers. One day baby's brother, little Johnny, said to his mother:

"Ma, little brother came from heaven, didn't he?"

"Yes, dear," answered the mother.

Johnny was silent for a minute, and then went on:

"I say, ma."

"What is it, Johnny?"

"I don't blame the angels for slinging him out, do you?"—Tit-Bits.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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CONCERNING CRIME, ITS CAUSES AND CURES.

Education is one of the essential factors in the cure of crime if it is begun sufficiently early. There are those, yet in the minority, who assent that education makes an expert of the individual in crime, who has shown a criminal tendency. With such it might be said that the early training was obtained by elbowing with the world and mingling the bad with the good. Perhaps if the former predominates, education can hardly be called such, for it is narrow and restricted and with the indolent favors the furtherance of crime. This is frequently the situation of the misguided. Training with slipshod supervision gives as opportunity for the youth to cultivate laziness and here is first stepping-stone whereby the time of the employer is stolen, this encourages dishonestly that has been in embryo, then there develops something in the same channel still more grave. The older the child the less susceptible he is to the betterment of his being. The genesis should not begin so late as childhood but in reality soon after birth. When a healthy child is a disturber at night it shows the incompetence of the parents or which is the same thing practically, leniency, is substituted for duty and this same leniency is a thorn in the flesh ever after. I know that the child's brain can only receive rudimentary impressions and perhaps objects are only recognized under certain conditions, as a bright object in the light and perhaps there are psychic reasons why it knows its mother. True, love and sentiment have no place here, yet it is nevertheless an absolute fact that a baby is a subject for training. Observation and experience are confirmatory. Here, then, is the foundation-stone and if such a system is not inaugurated during babyhood then it should commence as soon thereafter as possible. Perhaps the undeveloped brain leads to indolence and some have said that all children have a criminal makeup at the outset. This I will not sanction, but very early indeed the mind can be given something to do even in the simplest form. Following a sure foundation the youth learns the value of duty, appreciates responsibilities, and call it work if you please. Trained in the principles of labor and the reasons therefor fills the being with a knowledge of right and wrong which almost seems intuitive, and the tendency is to cling to and support the former. The responsibility of the parents is not now to be considered, since it may be accepted that they have performed their duty as such. The surroundings of the child is a factor and if at an early age it be rescued from the midst of criminals there is hope. Heredity may be

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considered and the degenerate might receive some consideration, but it cannot be expected that an imperfect mind can always reach the higher plane, but even here there is some hope that education will in part better conditions.

Dissipation in all its phases, and this means much, is the dark pall and furnishes too often a gardenspot for the seeds of crime. The best fall from grace at times even if it be in a minor degree and with education as a prophylactic for crime, if this view be accepted, there is by far a greater opportunity to reclaim the fallen, and successfully so.

Observation shows that the prison walls hold men who are uneducated, many cannot read nor write, in fact I am told that statistics show that a large majority of prisoners are uneducated men, and there are few to the contrary. Those who are educated or call themselves such gained their knowledge in after life, or again, their fall may have been due to drink. If this be true the act of crime was the product of an unhealthy brain, even though it may have been temporary. The subject of crime and its causes is discussed at length by Thomas Speed Mosby in a book recently from the press of C. V. Mosby and Company, of St. Louis, Mo. When we consider that crime in this country is seven times more prevalent, in proportion to population, than sixty years ago, it must call our attention to the fact that it is a theme that must be studied now, with a view of solving a complex problem. Education may not be universally accepted as the key to the solution, but I do claim that it is one of the cardinal factors. The treatise of Mr. Mosby should be read by all.

He takes up the cosmic factors of crime, which include the mental, moral and physical conditions of man and the effect of conditions and seasons, climate and configuration of the earth's surface, as shown by Lacassagne, Garraud, Bernard and Oettigen. It is shown that the French school of criminology teach that most crime arises from diseased social conditions and that consequently, the remedy is sought in better social conditions. Attention is called by the author, and wisely too, to crime-breeding political conditions, of political apathy or civic stagnation, wherein multitudes of the better classes become neglectful of their civic obligations and not the least of improper administration of the criminal laws by courts and prosecuting officials. "White slavery" and the police receive notice. Aubry and Lombroso are quoted in the text. It was the former who said that war is a neurosis, a contagious, homicidal insanity, and the latter claimed war increased crime. Dr. Lydston said that military service renders a great many unfit for honest industry.

The chapter on the individual factors of crime is an important one, here Lydston is quoted at length.

The chapter on eugenics closes with the statement that eugenics is not wholly concerned with the expirpation of the unfit. It makes its strongest plea for the propagation of the good and true; for as said by Dr. Hall, commenting upon the speculations of Galton: "The possibility of improving a race or nation is thus dependent upon the problem of increasing the fertility of the best stock, and this is more important than that of repressing the worst."

This brings to our mind how Bernard Shaw linked eugenics with Socialism. In his article in the December Metropolitan, "The Case for Equality." He shows how impossible it is to improve the race by man-made rules of selection and that nature's way of indicating the proper choice by the mysterious something known as sex attraction can not be improved on. But under present conditions of human inequality, the average men and women have a limited opportunity for choice and may fail to make the best selection. Class distinctions interfere for one thing. "Just consider," he says, "what occurs at the present time. I walk down Oxford street, let me say, as a young man. I see a woman who takes my fancy. It would seem very sensible, in an intelligent commun-

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ity, that I should take off my hat and say to this lady: "Will you excuse me, but you attract me strongly, and, if you are not already engaged, would you mind taking my name and address and considering whether you would care to marry me?" Now, I have no such chance at present. Probably, when I meet that woman, she is either a charwoman and I can not marry her, or else she is a duchess, and she will not marry me."

Then Mr. Shaw goes on to show that, with everybody on a money equality, which, he declares, is the only form of human equality possible, every young man and woman would have the choice practically of all the unmarried young people in forty millions of population, instead of being restricted to a choice between two or three, none of whom might be liked as well as it would be possible to like some one had a wider choice been open.

Attorney Mosby very truly says regarding a sexulization that medical opinion is not yet unanimous as to the wisdom of vasectomy. Some who favor sterilization regard castration as the more desirable method (some of our readers will remember that the late Dr. W. B. Fletcher, then Senator, failed to get such a bill through the Indiana legislature) especially in the worst class of criminals, for the reason that the sexual powers and passions still remaining after vasectomy would result in the still wider dissemination of venereal diseases. The person so sterilized would in this sense be more dangerous than before. His sexual passions would not be curbed and his known condition of sterility would afford him opportunity for illicit commerce which he would in some instances not otherwise have possessed for, as well known, the fear of possible fecundation, in some cases, is all that withhold the female consent. The spread of venereal diseases would increase. The states having such a law are mentioned. They are Indiana, New Jersey, California, Washington, Connecticut, New York and Utah. In the main there is a similarity with but few points of difference. The work of Dr. H. C. Sharp, the author of the Indiana law, is reviewed. Concerning the education of a child, Mr. Mosby says that it should not be taxed beyond its capacity and not go beyond the limits of healthful exertion, with morality and sanitation as points to be given importance.

Social amelioration, theory of punishment, indeterminate sentence and parole, and the new penology are ably discussed.

Twenty-six illustrations seem to include almost every type in the criminal calendar. The author believes in justice, and does not fail to sound the keynote of reformation. Very opportunely he reminds us that clemency, as Baccaria said, is a jewel which should shine in the code. It becomes the lawmaker better than it does the executive or the judge. Mercy should season justice, not in the interest of charity, but for the perfection of justice. Criminal punishments should be always adjusted with a view to the cure of the crime. There rational purpose is not to destroy, but to heal; for the criminal himself is no less a victim of crime than the man he wrongs or the state whose sovereignty he offends. Perhaps at some future time, when we know more of crime and its causes than we do today, we may be able to say, with Madam de Stael, that to understand is to pardon. The author concludes, "for the present, the pardoning power should be utilized and applied in aid of the individualization of punishment; although a better method of accomplishing that result will be found in the indeterminate sentence and parole.

S. E. EARP.

ALL-TIME HEALTH OFFICERS.

The machinery which does the work of a state should be of the latest pattern and model, and as efficient as it is possible for the human mind to make it. The public health machinery of Indiana is not the most modern and consequently not the most efficient to be had. Under the present system each county has a county health commissioner who must be a physician, and who is paid 1½

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cents per annum per capita for each inhabitant served. This does not furnish sufficient compensation for efficient work, and of course, efficient work is not done. However, it is to be said the state probably gets the value of its money, although the system brings a waste which cannot be helped by the health officers. The health commissioner must earn his living practicing medicine and by force of circumstances he must attend first to his own business and then if time is left, look after the business of the state. This serving of two masters cannot help but detract from the efficiency of the service rendered one. This is the first and great defect in the present health machine.

By actual experience, which might be anticipated without difficulty, it is found that practitioners of medicine acting as health officers do not, because they cannot, secure the full co-operation of their brother physicians. It stands to reason that this would be true because how can it be expected that competitors will cooperate for the advancement of one. Another fault in the machine lies in the fact the people do not understand the importance of disease prevention, although every one is keen upon occasion to say the ounce of prevention is worth the pound of cure. On account of this situation proper appropriations for public health services are not given. The authorities who hold the purse strings seem to think there is something cranky or mysterious or strange about disease prevention work, and hence when it comes to making appropriations for such work they halt. The situation is a strange one for the virtues of prevention over cure have been published to the public for many years.

It is believed if the public health machine is rebuilt upon modern principles, that better results for the public health will be secured. The State Board of Health now proposes that the next legislature, which will sit in January and February, 1915, be requested to pass a law requiring that in every county there shall be an all-time health officer, that he shall be a physician who has prepared himself in the speciality of hygiene and preventive medicine, that he shall be able bodied, not addicted to liquors or drugs, and who shall be of good moral character. He should also pass an examination in order to secure admission to an eligible list, and would be eligible to appointment as county health commissioner in any county of the state. He should be paid a proper salary, which is something more than a living salary. He should give his entire time to the work. He should have an office and laboratory in the court house if such a thing is possible. If not, the commissioners should be required to supply him such elsewhere. Such a health officer, giving his whole time to the work, constantly making inspections and surveys, visiting schools, looking after the sanitation of the same, visiting homes, making public lectures, making analyses and laboratory studies for physicians, would be a power and strength for medicine and the public health.

Already three states have essentially adopted this system and it is working admirably. An all-time health officer in each county, competent and well trained as required above, would earn his salary many times over. He would do a work in the line of disease prevention which could not be done in any other way. Gradually the school epidemics would be decreased, medical inspection would be introduced, better sanitation at the schools would appear, better sanitation on farms, and in towns and in cities would exist, and in all ways great benefits would be reaped.

It would seem proper that counties which have cities of over 10,000 inhabitants should be permitted to regulate a health bureau if they desire to do so. It might be well to require this. As for the small towns and small cities under 10,000 the county health commissioner, giving his whole time to the work, could look after them. Of course he should have a proper appropriation for public health work from the county council, and should have power to appoint deputies

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and pay them for such service as they might render. In these days of the telephone and automobile, it would not be a difficult matter, except in the very populous counties for one health commissioner to look after the health of the whole county. This plan would do away with the health officers in small towns and small cities which would be a great saving and do much toward paying the increased salary of the all-time county health commissioner. S. E. EARP.

DR. CHALMERS H. WEAVER HOME FROM NEW YORK.

Dr. C. H. Weaver, graduate of the Indiana University School of Medicine, 1912, has returned for the New Years' holidays from New York City, where he served in the Lying-In Hospital of the City of New York, as Outdoor House Surgeon for six months, receiving the customary diploma for the same. The service included from the 20th of February to the 1st of December of the year 1913.

There are several of the recent graduates of the Indiana Medical School in New York hospital service. Dr. Charles Bayer, of Brazil, Indiana, class of 1913, is serving two years as House Surgeon in the City Hospital on the staff of Dr. John A. Fordyce, the eminent syphilographer and dermatologist. He has been in service since midsummer and is well pleased. This corps has the finest living and rooms granted house physicians in New York. The service is strenuous but entirely without pay.

Dr. Louis H. Segar, former resident of Indianapolis, is in City Hospital Medical Service for two years. He has been on for six months. Internes get board and rooms, but no pay for their services except what they learn.

Dr. John I. Irwin, class of 1910, has charge since June first of the Pittsburg Maternity Dispensary in out patient work, some fifty cases a month with $100.00 a month and board. He has served in New York at the Woman's Hospital one year, at the Lying-In Hospital six months and six months at Bellevue Hospital. This is certainly a high grade training. Dr. Irwin will locate in New York City.

In the City Hospital on Blackwell's Island, there are constantly 1,200 patients. All practically who die meet their professors at the autopsy room. It is a notable opportunity for work in pathology. The various departments of medicine are the best taught and best treated in the City Hospital as is also the condition in the Indianapolis City Hospital as compared with private and sectarian hospitals.

Dr. Walter L. Haworth, of Indianapolis, graduate of 1910, has spent over two years in the Lying-In Hospital of New York, also the old Marion Sim's (woman's Hospital the first established before the Civil war in New York), and also in the River Side Hospital at the foot of 135th street (north on Brother Island) a hospital for contagious diseases only. Dr. Haworth served there ten months. He is now "going to school" at the Navy Medical College, Washington, D. C., for six months and then enters the naval service on the Pacific coast.

Dr. John A. Leas, of Auburn, Indiana, graduate in 1908, is now in the Riverside Hospital for a year. He was a year as surgeon on the Companello passenger steamer between New York and Rotterdam. He practiced two years in Indianapolis. No one of these men is married except Dr. Haworth, whose wife is with him.

Dr. Weaver says every graduate should get a thorough hospital course. No other preparation can take its place. Indiana men have always stood well in New York City Hospitals. Dr. Nelson D. Brayton, formerly of New York schools and hospitals, was three years in Bellevue College, in the Skin and Cancer Hospital a year, and six months in the Lying-In Hospital—the first Indiana man to get the diploma of this great 100-year old charity. Pierpont Morgan gave the hospital a million dollars for a new building and visited it every Sunday when possible.

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Indiana may well be proud of her medical boys in New York hospitals. Some day our Indiana University Medical School will present equal facilities. Most of the leading men in Indianapolis practice are also graduates of our local hospitals. But the best training is still in the old City Hospital—mother of all the later hospitals. A. W. B.

THREE REQUESTS.

A P. M. G. reader sent us the following little story—certainly one of the best of its kind:

To the great god Buddha came the representatives of the Catholic, Protestant and Jewish religions, to pay him homage. Buddha, very flattered, told each of them that if they would express a wish, it would be fulfilled.

"What do you wish?" he asked the Catholic.

The answer was "Glory."

"You shall have it," said Buddha and turning to the Protestant, "What do you wish?"

"Money."

"You shall have it."

"And you?" This to the Jew.

"I do not want much," quoth he; "give me the Protestant's address!"—Pall Mall Gazette.

THE FINISHING TOUCH.

Cissy—"Mummie, I saw the place today where they make horses."

Mother—"What do you mean, dearie? I think you were mistaken."

Cissy—"Well, the man was just finishing one. He was nailing on his last foot."—Tatler.

SUE THE DOCTOR.

First Theatrical Magnate—Where's that twenty-five-dollar general utility man we signed up Tuesday week?

Second T. M.—Died last night after an operation.

First T. M. (excitedly)—Don't lose a minute. Fix up the papers and sue the doctor that done it for a hundred thousand dollars.—Exchange.

THE CALL.

Come, my Way, my Truth, my Life;
Such a Way as gives us breath;
Such a Truth as ends all strife;
Such a Life as killeth death.

Come, my Light, my Feast, my Strength
Such a Light as shows a feast;
Such a Feast as mends in length;
Such a Strength as makes his guest.

Come, my Joy, my Love, my Heart;
Such a joy as none can move;
Such a Love as none can part;
Such a Heart as joys in love.

—George Herbert.

ENDMAN'S JOKE.

Some men are born humorous. They will crack a joke on the most solemn occasions. Thus poor Tom Hood, when a mustard plaster was put on his wasted frame, said: "It's a great deal of mustard to a very little meat." Or like the consumptive, who, when the doctor remarked that his cough was no better, said that he couldn't understand it as he had been practicing all night.—Porritt: The Strand.

The traveling inspector was cross questioning the terrified class in one of the public schools of rural England. And now, boys, he asked, who wrote "Hamlet?"

Timid Boy—P-p-please, sir, it wasn't me.

Traveling Inspector (the same evening to his host, the squire of the village)—Most amusing thing happened today. I was questioning the class, and asked a boy who wrote "Hamlet," and he answered, tearfully, "P-p-please, sir, it wasn't me."

Squire (after loud and prolonged laughter)—Ha! Ha! That's good; and I suppose the little beggar had done it all the time!

"I see they have operated on a Philadelphia boy's head in order to make a better boy of him.

"That isn't where my dad used to operate on me to make a better boy of me."—Houston Post.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators

SYMPTOMS AND TREATMENT OF HOOKWORM DISEASE.*

By J. Russell Perkins, M.D., Spencer, Va.

This being such a widespread disease in the Southern States, destroying the energy, vitality and lives of so many of our patients, it is certainly time that every physician should be familiar enough with its symptoms to be able to diagnose even the mildest cases. The disease is becoming so well known that even some laymen are able to diagnose the marked cases. I do not think a physician should consider himself an expert or congratulate himself on having diagnosed a few pronounced cases, as these are very plain and can be diagnosed at once on inspection, without the aid of the microscope. The cases we should be able to recognize are the mild and moderately severe ones, which do not show the pallor and other symptoms which we usually expect and look for in hookworm disease.

I shall not deal with the prevalence or preventation, as this very important part of the subject has been assigned to one who has canvassed the hookworm district of Virginia, and who is far better qualified to deal with the subject than I; therefore, I wish mainly to speak of the symptoms and treatment.

I know of no disease which gives such a variety of symptoms as this. The hookworm being a blood sucker, the symptoms are due in a large measure to loss of blood. Anemia following the loss of blood, of course, gives rise to other symptoms, and according to the best authorities a toxin seems also to play an important part in the destruction of the blood.

Dock and Bass, in their work on hookworm disease, divide these cases into slight, moderate and severe.

The slight cases are hardest to recognize as they have not the pallor and other marked symptoms. About the only noticeable symptoms are slight digestive disturbances, reduction in the hemoglobin, slight indisposition to work and the presence of eggs in the feces. In some subjects none of the above symptoms exist except the digestive disturbance and the presence of eggs in the feces. These patients do not realize that there is anything wrong, and will tell you that they are in perfect health, but if they can be persuaded to take the treatment they soon realize their condition. They begin to feel better at once, and invariably increase in weight. This class of patients have been termed hokworm carriers and are a source of as much danger as the severest case, as they continue to deposit the eggs on the soil, which in turn develop the larvae by the thousands and reinfect the patient himself or other members of the family. I have had patients of this class to gain as much as fifteen to twenty pounds inside of a few months.

The moderate cases are the ones we see almost every day; the symptoms just mentioned are much more prominent; we find the peculiar facial expression—the tallow face, all the mucous membranes are anemic, the patient has no energy; if in an adult he is called lazy, is indisposed to work; if in child the parent will tell you that the child will not play around with the other children; some will say that they have no pain, but just do not feel able to do anything at all.

*Read by title before the forty-first annual session of the Medical Society of Virginia, at Norfolk, Va., October 25-28, 1910. The above article from the Virginia Medical Semi-Monthly of Nov. 25, 1910, is the best article I have seen on Hookworm disease, which is also found in southern Indiana carried by movers. A. W. B.

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The majority, however, will complain of some pain, especially in the epigastric region and in the joints. Shortness of breath on exertion and palpitation of the heart are most always present in moderate cases; hemic murmesr are often heard, and the mental condition is not up to the average child of his age. Most of them will give a history of ground itch, which is nothing more than an infection caused by the penetration of hookworm larvae. Sometimes they will apply for treatment for these sores; one of my recent cases, a mother of five children, all of whom were hookworm subjects, came to my office for treatment, and had them on both forearms from the size of a dime to the size of a dollar. I can recall another case in a young girl, who had them on both breasts and in each axilla. The most usual locations, though, are between and under the toes and about the ankles. In small children we sometimes see these lesions on the buttocks; children in the country, especially the poorer classes, often wear only one garment; they sit and play in the dirt and get the infection in that way. Pus is often found in these sores, which is due to secondary infection caused by scratching, as the penetration of the larvae causes intense itching.

Another frequent symptom I have noticed is an increase in the flow of urine; one patient came to me for treatment, who had been treated several months for diabetes, and I, too, thought he had the disease, until an examination of the urine and feces was made. Enuresis is an occasional symptom. I have relieved three obstinate cases with thymol. Disturbed sleep and night terrors are also common.

Some patients seem to overcome the disease to a great extent without treatment where there is no reinfection, as the worm in the intestine will finally die. The subject may move into a district not infected, or change his occupation, avoiding reinfection in that way. Cases that do not take this course usually gradually go into the severe form. In this form the patient is in a very weak condition, the skin appears to be almost bloodless, edema of the feet anl legs is commonly noted, sometimes extending to the abdomen, and especially under the lower eyelids. The digestive disturbances are worse than in the moderate cases, diarrhea, constipation and sometimes bloody stools appear. I have seen blood in the stools from two patients. Pulsations in the neck are so marked that they may be seen across the room, haemic murmurs are more audible, epigastric pain is more marked, fainting spells, headache and blurred vision are almost constant.

In young girls menstruation is delayed; if it appears at all it is irregular, scant and pale in color. Preganant women often abort; if the child is carried to term, it is small and appears to be poorly nourished. It takes women some time to recover from the puerperal state, and I have known some to have to remain in bed for a month or more. When this severe stage is reached, the patient is liable to die either of this disease, some complication, or an inter-current disease, the vitality and resisting power having been reduced to such a low state that it is hard for the system to fight any condition that may come up.

As to the number of worms present, in my experience, they have varied greatly. In my first case about one thousand were counted, and possibly twice as many more passed unnoticed. In other cases, where the symptoms were just as severe, not more than twenty or thirty could be found.

In the treatment of hookworm, we certainly have a specific; we know the cause, and it is easily recognized and understood by most all physicians, but still it is quite an undertaking because of the ignorance, poverty and carelessness of the majority of the subjects, the wide area covered, the enormous reproductive power of the worm, the lack of enforcement of sanitary laws in rural districts, and, what might be more effective, the lack of proper education of the people along this line.

After a careful observation of the

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country surrounding the little village in which I am located, I have not been able to find more than one privy to every ten families, and not one of these properly constructed. In some localities the people use the chimney corner, stable, backyard, fence corners, and other convenient places for defecation. Until such practice as this is stopped, we may expect hookworm infection to continue.

How to check this is the question; but it seems to me that it should be done by enforcement of sanitary laws and by educating the population through the boards of health, medical inspectors, and sanitary officers. It is just as important for the counties and townships to have sanitary officers as it is for the cities. Our most efficient health department has already begun this most important step, and we hope that it will continue the good work until every hookworm district in the state has been thoroughly gone over, and every case treated, as the first and most important step is to treat as many cases as possible, thereby checking the supply of eggs at the source.

As to the direct treatment of the worms in the intestine, I have used thymol altogether. A great many other drugs have been advocated, but in my hands thymol has given such excellent results, I have used it in all my cases.

Before results can be had, the patient must be able to take the proper dose, and must be thoroughly prepared for the action of the drug. The heart and kidneys should always be examined, the kidneys especially, as thymol in large doses is a kidney irritant. The next thing is to thoroughly cleanse the intestines of mucus, as the worm is killed by the local action of the thymol, and if the worm is imbedded in a thick layer of mucus and chyme, the drug will pass through without producing the desired result. This is done the evening before the treatment is to be given by a large dose of Glauber salts, and only a glass of milk is allowed that evening for supper. The thymol is to be given in capsules early next morning on an empty stomach, one dose every hour till three doses have been given. One or two hours after the last dose of thymol, another dose of salts is given to cleanse the intestines of the thymol, when the worms appear in the stools. In some instances I have been unable to get the patient to retain the last dose of salts, and in such cases I give a bottle of effervescent citrate of magnesia, which is easily retained. No food is allowed till the intestine has been cleared of the thymol.

As to the dose of thymol, I usually give from sixty to ninety grains to an adult at each treatment; in children the dose is regulated according to age. In one case I gave 120 grains before I could get results, due, I presume, to the large amount of mucus in the intestine. I have seen no more toxic symptoms produced from large doses than from small ones, and have seen large doses do the work, where small ones had failed.

Owing to toxic symptoms sometimes produced by thymol, it is better to have the patient remain in bed for several hours after the treatment. In my experience I have seen no more intoxication than vomiting or fainting, which passes off in a short while by keeping the patient in the recumbent position. These symptoms I have seen only a few times and were so mild as to require no treatment.

I repeat the treatment every one or two weeks till all the worms have been destroyed, which is determined by examination of the feces for eggs.

As to the number of treatments necessary, I have had to give from two to eight. Upon an average about three treatments, if properly given, will suffice.

As to results, about 75 per cent. of my cases have been cured; the remaining 25 per cent. have all been benefited, some failing to return for the second treatment, and others moving out of my jurisdiction. I have seen reinfection some months afterwards in several cases.

From a remunerative standpoint, I have found the treatment of hookworm

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disease a failure, as the compensation that I have received would do very little more than pay for the medicine used, but I feel that I have done just a little for suffering humanity and have extended to that class of indigent persons the aid and comfort which it has always been the privilege and pleasure of our profession to offer them.

A great deal of criticism has gone out from some of our hot-blooded Southerners to Mr. Rockefeller for his million dollar offer, but to my mind the hearts of the Southern people should flow with gratitude to him for his kind and generous offer, and if this sum is judiciously used, it will do a great deal toward the eradication of hookworm disease in the South. We also owe to Dr. Stiles, of Washington, and Dr. Harris, of Atlanta, a debt of gratitude for the light they have thrown on the subject. Coming to our own door, great credit should be given Dr. B. B. Bagby, of Virginia, who was one of the first to call the attention of the profession to hookworm in this state.

THERAPEUTIC NOTES.

From New York Medical Journal, Dec. 13, 1913.

Treatment of Anal Fissure.—Roux, in Lyon médical for July 13, 1913, is stated, on the basis of eight cases treated by him, to approve strongly of a method first recommended by Lewis, of Brooklyn, which consists in applying to the fissure, held open for the purpose, a saturated solution of potassium permanganate. Sharp pain is induced, but this may be avoided or at least greatly lessened by previous application for a few minutes of a small tampon dipped in a two or three per cent. solution of cocaine hydrochloride. The application of permanganate solution is made daily. Cure results frequently in two or three days.

Treatment of Breast Lymphangitis in Nursing Women.—L. Dubrisay, in Journal de médecine de Paris for April 19, 1913, strongly recommends the repeated use of a Bier cup in cases of breast lymphangitis. This measure may be substituted with advantage for manual expression in cases where there is accompanying inflammation of the milk ducts. The cup not only favors the outflow of milk without causing any local irritation, but by inducing venous hyperemia, relieves pain. Hot, moist compresses should be applied to the breast in the intervals between successive cuppings.

Treatment of Burns.—Vargas, in Journel de médicine de Paris for September 27, 1913, recommends the following application in burns:

℞ Finely powdered neutral dextrin, ℥iv (125 grammes);
Tincture of aloes ℥iiss (65 grammes);
Diluted alcohol...℥i (30 grammes);
Lead nitrate (C. P.) gr. xlv (3 grammes);
Phenol .....gtt. xxv;
Tannic acid....gr. xv (1 gramme);
Cherry laurel water ℥v (150 grammes);

M. Sig.: To be painted over the burned area.

Another useful combination is:

℞ Lead carbonate..℥iii (91 grammes);
Powdered gum arabic 3iss (6 grammes);
Sodium bicarbonate ℥ss (2 grammes);
Linseed oil .....q. s.

Make a cream.

Sig.: To be applied after opening the blisters.

This preparation should not be used repeatedly at short intervals, unless there is suppuration. No signs of lead poisoning have ever been observed after its use, probably owing to the gum arabic it contains.

Hexamethylenamine Used to Prevent Postoperative Tympany.—G. P. LaRoque in the Therapeutic Gazette for July, 1913, states that he has employed hexamethylenamine for the purpose referred to in over 300 operative cases, in-

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cluding many with adherent pelvic disease, large uterine and ovarian tumors, all types of hernia, appendicular abscess, and bile tract infection—all prone to postoperative tympanites—with the result that the symptom appeared in sufficiently marked form to require other measures only in four cases of the total number. In two of these four cases, moreover, only small amounts of the drug had been used.

The procedure advocated is to administer ten grains (0.6 gramme) of hexomethylenamine in a glassful of water every two hours, between meals and while the patient is awake, for two days previous to operation. The evening before, or the morning of the operation, the usual bowel cleansing with castor oil and enemata is effected. Immediately after the operation, the nurse dissolves 120 grains (8 grammes) of hexamethylenamine in a quart (litre) of drinking water, usually without ice, and as soon as the patient is thirsty small quantities of this, at a time, are given, the amount being, however, cautiously increased as the stomach becomes retentive. In this way the patient usually takes and retains at least a quart of water with the 120 grains of the tasteless drug during the first twelve to twenty-four hours. By this time he can commonly retain a glassful of water at a time, and ten grains of hexamethylenamine in a tumblerful of water are administered every two hours until between sixty and 120 grains have been given a day, for three days after the operation. At the end of this time the drug is discontinued and the customary postoperative bowel cleansing performed. If excessive vomiting is present or if for any purpose water is given by bowel instead or by mouth, the drug is dissolved in the hot water or saline and thus administered.

Pipe Clay as a Gastric Remedy.—Léon Maunier, in Gazette médicale de Paris for July 23, 1913, states that kaolin (pipe clay, official as kaolinum) bears comparison well with bismuth subnitrate as a reliever of gastric pain. Mixed with water, the clay forms a paste which adheres to the stomach wall even more strongly than the bismuth salt. If kaolin is given to a normal individual, and a few days later bismuth, washing out the stomach twenty-four hours after their ingestion will show that the bismuth is entirely gone while traces of kaolin are still present. Examination of the stomach contents demonstrates that gastric acidity is much lower after kaolin than after bismuth. The stools are not blackened by kaolin as they are by bismuth; intestinal hemorrhage is therefore not masked by it.

Use of Suprarenal Extract in Hiccough.—J. Ségal, in Journal des Praticiens for August 23, 1913, reports a case of obstinate hiccough in a patient suffering from renal colic, in which, after large doses of bromide, chloral hydrate, chloroform, and cocaine, injections of morphine, gastric lavage with silver nitrate solution, spraying ethyl chloride on the epigastrium, and even general chloroform anesthesia failed to bring relief in the course of eleven days, administration of suprarenal extract proved promptly effective. The patient took ten drops of the one in 1,000 solution; at once the hiccough became milder and less frequent, and upon repeating the dose half an hour later, the symptom completely and permanently disappeared. The action of the drug in relieving hiccough is compared by the author with the "anti-spasmodic" action it is well known to exert in bronchial asthma.

Gangrene of the Extremities.—Ehrlich Ehrlich and Maresch review the experiences at von Eiselsberg's clinic in eighty-one cases of gangrene of the feet or hands. The list includes one from electric accident, two from puerperal embolism (with amputation of the thigh in one case); forty-four from arteriosclerosis and twenty-nine from diabetes. With arteriosclerosis there had generally been for years paresthesias, chilliness in the limb, rheumatic pains or intermittent limping with later cyanosis of

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the limb, toe ulcer dragging along without healing or flat-foot disturbances in the elderly. They emphasize the extreme importance of prophylactic measures in such cases, resting the limb, keeping it raised, avoiding all thermic or traumatic injury, and sparing the limb as much as possible. In one case all four extremities became involved in the course of ten years but the tendency to gangrene in the hands subsided under antiphlogistic measures and potassium internally. The patient, a man of 42, has been in good health during the three years since. He had previously had the toes of one foot and the other thigh amputated on account of gangrene. The experiences with senile gangrene confirm the general assumption that conservative amputation usually has to be followed by more extensive amputation later, and it is a serious matter to have the intervals between too short.

Two patients died of pneumonia of nine treated my amputation of the leg for arteriosclerotic gangrene and two among eighteen requiring amputation of the thigh (seven of both thighs). Another succumbed to sepsis not benefited by the amputation. The operations were done under light ether anesthesia or spinal anesthesia, the latter being given the preference in case of existing bronchitis. The results observed confirm the wisdom of waiting for demarcation in all forms of gangrene which are not due to a diffuse or progressing affection of the arterial system; namely, gangrene after accidents, burns or freezing in the young, unless some septic process compels earlier intervention. In case of arteriosclerosis, with good condition otherwise, the spontaneous sloughing off of the toes can be encouraged. The slight prospects of a permanent cure discourage operations on the foot itself. In case of defective demarcation, spreading of the process, infectious complications or unbearable pains, amputation is indicated which should always be in the thigh in case of senile gangrene. At an earlier age amputation may be done in the leg if the extent of the gangrene permits, if the pulse is palpable at least in the popliteal artery and the stump bleeds freely during the operation. The experiences with diabetes emphasize the necessity for amputation of the thigh if any operation on the limb is attempted. The indications thus differ with diabetes, as such patients bear after-operations badly and conservative operations should not be attempted unless the urine is free from sugar and there is no danger of acidosis. Amputation of the leg is ten diabetics was followed by the death of eight; the stump became gangrenous in four and the thigh had to be amputated. The second operation was responsible for the fatality in these cases. In eleven other diabetics the thigh was amputated at once and only six died. A diabetic phlegmon of the hand on one patient healed after incision and enucleation of the finger. The stumps in the diabetics healed very slowly; dehiscence occurred in several cases even after two weeks' afebrile course. Only traces of granulation are evident and the tissues seem predisposed to secondary infection, manifesting itself either as an acute fatal phlegmon or a dragging, only slightly virulent suppuration, finally bringing on coma.—I. A. N. A.

QUININE IN THE TREATMENT OF HYDROPHOBIA.

During a recent clinical conference at the Indiana University School of Medicine, I mentioned the use of quinine in hydrophobia and afterwards I received several communications asking for information concerning it.

The following is apropos:

D. L. Harris (Journal A. M. A., October 25) discusses eight cases of hydrophobia treated by him in St. Louis. Due to opposition of several lay publications and certain members of the medical profession, there has arisen a belief that no such disease exists. It is hoped that the brief clinical review of seven deaths may, in a measure, add strength to the evidence of the existence of hydrophobia. Seven cases are reported completely as to onset, development, pathological examinations and results.

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Post mortem examinations were made in six of the seven cases. In five of them no Negri bodies were found; in one the Negri bodies were large and abundant. Brain substance from each case was injected into two or more rabbits and all of these, without exception, developed a paralysis typical of the disease and died. Negri bodies were abundant in the brain of every animal. The period of incubation averaged from twelve to thirty-five days. Only one case, giving typical symptoms, is described in which injection of quinine and chloral hydrate were given as suggested by Moon. This patient recovered. The spinal fluid of the patient was injected into animals, none of which showed any symptoms of rabies. This does not, however, in the light of previous literature, preclude the possibility that this case was really hydrophobia. The cell free spinal fluid is rarely infectious in rabies. Although only further use can determine the value of quinine in hydrophobia, the experiments of Moon, together with this report, seem to support this conclusion. S. E. E.

OBSERVATIONS ON EMPYEMA.*

E. H. Beckman, M. D.,
Mayo Clinic, Rochester, Minn.

(From the St. Paul Medical Journal, November, 1913.)

Musser,[1] reporting on cases of pneumonia from the University of Pennsylvania Hospital, found nine cases (1.8 per cent.), of empyema in 489 case of pneumonia. From the literature he collected 12,892 cases of pneumonia in which empyema developed in 276 or 2.1 per cent. In a review of autopsy records he noted empyema present in 5.1 per cent. of 973 cases of pneumonia. These figures illustrate the frequency of the complication in this disease.

A disease so common as empyema must be observed occasionally by every general practitioner and, as I hope to demonstrate, the general practitioner can do the most for these unfortunate patients. Having seen a number of late and neglected cases of empyema and being obliged to perform some of the severe and mutilating operations for their relief is my excuse for presenting this subject.

By the term, empyema is meant a purulent effusion or a collection of pus in the pleural cavity. The infection may occur after an effusion has already taken place or the fluid may be purulent from the start. The smaller localized empyemas probably occur in the latter way and are usually located between the lobes of the lungs or at the base of the lung between it and the diaphragm.

Recent experimental work seems to show that interference with the normal circulation in the pulmonary tissues retards the absorption of fluids from the pleural cavity both by the blood vessels and the lymphatics. This indicates that congestion of the lung in pneumonia favors the collection of fluid in the pleural cavity and retards its absorption. We know that a stagnant accumulation of fluid anywhere in the body, unless formed within its own membrane, such as a cyst, soon becomes infected from the bacteria in the circulation.

Hippocrates, who lived in the fourth century before Christ, recognized empyema and gave explicit directions for the treatment, viz., a free incision down to the rib, trephining of the rib and incision of the pleura with the cautery or knife. This sound advice by the father of medicine was later neglected or lost and for many centuries aspiration was the accepted treatment. It may be that the invention of the aspirating syringe by Galen was responsible for this. At least it was considered dangerous to admit air into the pleural cavity. The double fear of sepsis and the entrance of air into the pleural cavity prevented free incision for empyema until the time of Lister.

As an illustration of the results obtained by aspiration in the treatment of empyema, I will quote from Paget[2] in

*Read before the Southern Minnesota Medical Association, Owatonna, Aug. 5, 1913.

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his work on "Surgery of the Chest:" "For example, as late as 1872, M. Bouchut published, as an instance of good, profitable surgery, a case of empyema in a boy, age nine, cured in 16 months after 58 punctures. In another case, he punctured the chest in 11 months, 123 times. Lilly records a case in which he made 56 punctures. Gimbert, in a child 11 years old, made 74 punctures in 9 months. And the worst of it all is, out of 48 patients thus tormented, only 6 were saved. Out of 12 patients under the care of Velpeur, not one recovered; our of 58 under the care of Dupuytren, all but two died; and Sir Astley Cooper complained that he could never get a single cure." With this knowledge before us, it hardly seem advisable to accept the advice of one of our present-day surgeons to revert to aspiration and the injection of formalin and glycerine for these cases.

A knowledge of the true pathology of empyema shows us that as soon as there is an accumulation of purulent material within the pleural cavity, either local or general, nature regards it the same as an abscess in any other part of the body and attempts to limit the absorption by walling it off. In the large collections of pus in the pleural caviety, the walls of this abscess are composed of the parietal and visceral pleura upon which has been deposited a large amount of fibrinous material which coagulates and later organizes. In opening on some of the late cases, one is surprised at the thickness of this limiting membrane which is often from one-half to nearly one inch in thickness. As the fluid accumulates in the pleural cavity, the unyielding wall of the thorax prevents expansion in this direction, so that room is found for the accumulation by compression of the lung. The lung is gradually compressed and finally retained in this position by the thick limiting membrane of the abscess before mentioned. There are at times many pockets of pus separated from each other by firm walls of adhesions resembling a multilocular cyst instead of one large abscess. If the empyema has continued for any considerable length of time, this membrane is so resistant that the lung cannot re-expand after the fluid has been allowed to escape by free incision. It is evident then that, if free drainage be established before these adhesions form or before they become firm enough to hold the lung in a state of collapse, the lung would quickly obliterate the cavity and the patient be rapidly restored to health. This corresponds exactly to the results obtained with free drainage in the early cases. It should be remembered that empyema is not a disease of the lung, although pulmonary disease and empyema may exist at the same time, and that the pulmonary tissue is only slightly or not involved at all in the inflammatory process in a very large majority of the cases. The lung is simply compressed and prevented from expanding by a wall of firm adhesions. The pulmonary tissue retains its power of expansion to a wonderful degree after being compressed for months.

I will report, in another paper, a case in which the entire lung re-expanded after being totally collapsed for two years. Personally, I believe that the only cases of empyema in which the pocket does not become obliterated after free drainage are those in which the evacuation of the abscess has been delayed so long that adhesions prevent the re-expansion of the lung. All surgeons who have had much experience with these cases seem agreed upon this point. If this be true, our duty is earlier operation with a free incision large enough to break up at the time of the primary drainage the adhesions which are binding down the lung. In order to obtain these cases for treatment before they become chronic, the medical profession should know these facts; they should diagnose their cases earlier, and insist on early operation. I wish particularly to call attention to the necessity for early recognition of these cases and an early resort to operative procedure. The internist deserves little credit for sending to the surgeon a patient with a chest full of pus.

Musser states that the diagnosis must

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be made in part from a full understanding of the antecedents of the infection. Just as with peritonitis, empyema undoubtedly does not occur idiopathically. Pneumonia is the antecedent condition in a large majority of cases. Typhoid fever and scarlet fever are the two other common antecedents of empyema. In the recognition of small empyemas, we have chiefly to remember the relationship between pneumonia, other infections and this secondary infection, and therefor to be on our guard if the development of the general phenomena of infection occurs or persists after the pneumonic or other infectious process has apparently subsided. There is such a condition as unresolved pneumonia. I recently explored a chest in a patient having the classic signs of empyema five weeks after pneumonia and was surprised to find that the lower lobe of the lung showed complete hepatization as contrasted with the normal lobe above it. Although there may be an unresolved pneumonia, the condition is more apt to be an empyema. A leucocytosis persisting after the crisis and associated with the general phenomena of infection should warn us that there is a probable focus of pus. Pain continuing after the crisis in pneumonia in a certain localized area, although it may not be severe, and accompanied by a septic temperature, almost surely indicates a localized empyema. The localiaztion of the pus can often be determined by the pain and localized tenderness on the chest wall.

The aspirating needle is often of the utmost servjce in arriving at a correct diagnosis. While many writers warn us of the dangers that may occur from introducing a needle into the pleural cavity, I believe that more good in the way of arriving at an early diagnosis is to be gained from its use than the dangers that may come from a late recognition of empyema. Personally, I have never seen any serious accident come from the use of the needle. In serious effusions which have not become purulent the relief of pressure obtained by aspiration of a portion of the fluid often brings about a rapid absorption of the remainder.

An Roentgen picture of the chest is of the utmost value in arriving at a correct diagnosis in obscure cases. It is often an extremely difficult and sometimes an impossible task to determine what the picture shows. One must keep in mind that it is the reproduction of a shadow and that a thickened pleura may cast as dense a shadow as an accumulation of fluid.

References.

1. Musser. New York Med. Jr., 1907, lxxxvi, pp. 1067-9.

2. Paget. "Surgery of the Chest," 1987.

POISONED NEEDLES IN MEDICAL JURISPRUDENCE.

A bold attempt on the person of a woman by a man with a poisoned needle, however fictional it sounds, is not entirely incredible. Such a thing is possible, though not probable, and that it has occurred some eminent authorities have not had difficulty in believing. Eulenburg, for instance, says: "Nobody will utterly deny the possibility of criminal poisoning by means of the hypodermic injection." The only case recorded, however, was discussed many years ago in the Allgemeine medicinische Central-Zeitung (1864, p. 170) by Beer, but his report has been left to slumber in the files of that periodical. We shall not attempt to bring it to light, for the duty of reticence in such matters is clear, as Beer himself pointed out. "Crime," he says, "is always engaged in studying every new discovery in order to use it for its own purposes." He is speaking of the hypodermic method. Again, Eulenburg, writing in 1875, says that in Bengal needles poisoned with Abrus precatorius have been employed by assassins. This hideous device is the nearest approach which is described in serious literature to the events that are supposed to have happened here.

The incompatibility between our knowledge and these alleged occurrences is worth a careful exposition. It

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is on the negative side chiefly, in which so much remains to be done, that the possibility of poisoning with a solid needle is most likely to be established. The problem has been treated in the abstract by many writers, though concerning cases and concrete instances there is utter silence. A hypodermic needle is obviously a practical agency for criminal purposes, but to be effective it requires both a syringe and a drug in solution. On the other hand, do we grant too much when we admit the possibility of poisoning with a solid substance on a solid needle. The greatest thinkers of former and modern times seem to have left this question or complexity of questions in statu quo ante, and to have left the answer to be made by every human being for himself. Zacchias does not mention it, neither does Casper, nor Maschka, nor Taylor. Arrows poisoned with curare or ouabaine are no precedent for the advanced times in which we live. As regards a needle, can enough poison be placed on its surface, and if so, could it dissolve quickly enough to enter the circulation? A valuable object will be gained if we are enabled to have precise ideas on this point. Science itself is wisely reticent. To furnish scientific proof, as Von Franque observed, it is requisite to find poison in the blood, urine and alimentary tract, and he and others prudently add that it is most difficult to detect an alkaloid or on organic poison when introduced with a needle. The possibility is clear, yet careful investigation shows that there is not a shred of evidence to sustain the accusations of needle stabbing and poisoning recently exploited in this city by sensation mongering newspapers in their choicest "sob sister" style and based on nothing more tangible than the alleged experiences of a few excited young women.

The characteristic noise and hysteria which have attended the investigation are a matter of regret, and probably years will pass before skepticism is general concerning the supposed poisoning. Recent magazine fiction is responsible for the basis of the belief, but it is not possible to ask that writers refrain from enlarging on the possibilities of the implements and materials of modern science and constructing lucrative stories therefrom. It is safe to say that at present medical science knows of no poison that has the exact effect necessary to facilitate abduction by causing immediate and sufficiently profound narcosis.—New York Medical Journal, Dec. 13, 1913.

CANCER RESEARCH.

At the International Medical Congress in London the work in the laboratories of the Imperial Cancer Research Fund was described by Dr. E. F. Bashford, director. Many experiments, he said, had been made by grafting the cancer of mice on other animals, especially horses, dogs, rabbits, guinea pigs and rats. So far the experiments have thrown no light on the subject of a possible cure for established cancer. On the other hand, recent experiments upon mice have tended to upset the theory of natural resistance, and the fact that young animals are more suitable for inoculation and continued growth than older ones, proves that the rarity of natural cancer in the young is not due to constitutional resistance, and its frequency in the old is not due to a constitutional change favorable to the growth of cancer. Another strange discovery is that animals naturally suffering from the disease do not offer a more suitable soil for the growth of cancer than healthy animals. "The reactions of cancer," Dr. Bashford declared, "seem to have no relationship to anything known of material diseases, because a mouse which is absolutely resistant to inoculation will develop a tumor on its own account." A line of investigation they had been pursuing was the relationship between chronic irritation and cancer. In this connection Dr. Bashford said it had been found that in India cancer had been found to develop only in the right horn of cows, to which was attached the ropes by which they drew the wagons. "A little has come out of a great deal

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of work," said Dr. Bashford, in conclusion, "but it is taking up further forward."

Dr. Lazarus Barlow, of London, has been investigating the connection between radium and radio-active substances and cancer. Taking the radio-activity of the tissues of a normal person as represented by the figure 1, Dr. Barlow said that cancerous tissues had been found to contain twenty-three times as much radium, while in the primary site of the cancerous growth radium was found in fifty-one times the quantity of normal tissues. "It is perfectly clear that in our future work with regard to cancer," Dr. Barlow declared, "whether we consider it from the point of view of chronic irritation or from the point of view of chemical pathology, it will be necessary to bear these facts in mind, and to determine whether or not the existence of radium plays a part in the problems we are considering." It had also been discovered in his laboratory that the amount of potassium found in the tissues of persons suffering from cancer was greater than in the tissues of non-cancerous patients. If they fed mice with potassium metaphosphate and transplanted into them grafts of tumors, a greater proportion of the grafts "took" than if the diet had been normal. The chances of the success of the transplantation were increased by increasing the amount of potassium in the body, and in that connection it must be remembered that potassium was regarded by the physicist as a radio-active material. "I think I may fairly claim to have given the kaleidoscope another turn," Dr. Barlow said, in conclusion, amid cheers.—Exchange (name lost).

TRACHOMA IN CUBA.

The Clinical Society of Havana begun its autumn sessions with the reading by Dr. Horacio Ferrer, a young army surgeon, of an interesting paper on "Trachoma in Pinar del Rio Province," in which he stated that out of nearly 9,000 children examined in the rural districts and in the towns of that province he found about 300 cases of trachoma; the disease being more prevalent the further from Havana was the site examined. Dr. Santos Fernandez, president of the Havana Academy of Sciences, stated that in his opinion Dr. Ferrer's work had been very good but that trachoma prevailed in Cuba to a far greater extent than was believed by Ferrer. Dr. Finlay thought also that trachoma was increasing in Cuba, owing to the bad methods of inspection in places outside of Havana, and to the almost complete absence of expert school inspection. Dr. Francisco M. Fernandez, recently government expert, stated that he had had considerable experience in Pinar del Rio Province. While doing work on trachoma in several towns, he found almost 10 per cent. of the school children affected with the disease.—Medical Record.

TREATMENT OF RAYNAUD'S DISEASE.

In one typical case of Raynaul's disease, R. Schreiber has obtained excellent results by incising the tips of the affected fingers and then applying suction. The cyanosis and anesthesia disappeared almost immediately so that the patient could again take up her vocation. As compared with the untreated hand, the fingers were red and of healthy appearance and all the anesthesia had disappeared. Unfortunately, this remarkable improvement lasted only three or four weeks when the patient returned to the hospital if possible worse than before. It was not deemed wise to operate her again so treatment with hot air was begun, with the most gratifying results. It is usually not advisable to employ the customary baking ovens since these patients are particularly susceptible to severe burns. The air, which need not be any hotter than 50° C., can be blown upon the fingers and other affected parts by means of a specially constructed spray. Muench. med. Woch.

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MEDICAL MISCELLANY

IN MEMORIAM.

DR. WILLIAM H. WISHARD, 1816—1913.

(Read before the Indianapolis Medical Society, Dec. 11, 1913, called in commemoration of Dr. Wm. H. Wishard. By Dr. F. C. Heath.)

"Sure the last end of a good man is peace."

The Good Book pictures a man of years to whom the infant Savior was taken for a blessing, a just man, a devout man, full of faith and hope, his exalted character being but the ripened fruit of a true and virtuous life. Such a man was our beloved friend, Dr. William H. Wishard, whose loss we mourn tonight.

Strong characters need certain factors for their development. Is it heredity or environment that counts most in a man's life? Is it not true that both are essential elements? There must be somewhere in one's ancestry the seeds of character, and there must be, in his life, experiences that will furnish the soil and elements for growth and full fruition. Of an ancestry that figured among the religious martyrs of Scotland and among the heroes of the American Revolution, it is not strange that our friend showed in his life fidelity to duty, constancy in virtue, loyalty to truth. Had he been born to wealth and ease, these qualtities might have become dormant, but, as a pioneer and a constant worker with difficulties of every kind before him, he found that discipline in his experience that made him strong and useful in his long career as doctor, citizen, parent and brother-man. Of him could it be truly said: "He was a friend to man."

Born in Kentucky, January 17, 1816, he came to Indiana with his parents when nine years old, settling ten miles south of Indianapolis. Nearly all his days were spent, therefore, in this city or its immediate vicinity. He saw Indanapolis grow from nothing, or next to nothing, to the greatest inland city of America. He personally met and knew every Governor of Indiana from Jonathan Jennings to Samuel M. Ralston.

The boys of that early day had none of the advantages of today. Yet, in many ways, this was a blessing—to have to do things for one's self, to brave dangers, surmount difficulties, meet emergencies, what better school to draw out and develop strength and sturdiness of character? His educational advantages were limited, as far as attendance at school was concerned, but he made the most of what he had, and learned more in the university of life.

In 1838, at the age of 22, he began his medical studies, supplementing them by attending lectures in the Ohio and Indiana medical colleges, and, in 1840, he became the partner of Dr. Benjamin S. Noble, later of Dr. Thomas B. Noble, and still later of Dr. Thomas B. Noble Jr., having thus been in partnership with three generations of the Noble family. Throughout his career of nearly 70 years in the active practice of medicine, he shirked no duty, but responded to the sufferer's call with little thought of self or ease or fee. He went about quietly doing good in the footsteps of the Great Physician. Doubtless he received the blessing given those who minister in His name:

"For blessings ever wait on virtuous deeds
And though a late, a sure reward succeeds."

Alike unselfish in his public life, he rendered his great war service for the good of the cause without a penny of financial compensation, including the grand work of bringing the sick and wounded from Vicksburg to the hospitals of the North, and, as coroner of Marion county from 1876 to 1880, when others were concerned about questions of politics or personal gain, he kept up a steady, unflinching fight for the right and against the wrong without fear or favor.

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It is but natural that such a man should have received honors from his associates in the great profession of medicine, and he alone had the distinction of having been president and charter member of the Indiana State Medical Association and the Indianapolis Medical Society. He was the last survivor of those who met in 1849 to organize the State Association, was elected president in 1888, his annual address, "A Retrospect of Fifty Years of Practice," picturing vividly the progress of medicine and the change in its practice from the simplicity and hardships of the early times to the day of modern methods and modern advantages. Among the many striking things in the address were his forcible contrast between the big families of the past and the small ones of the present and his good advice to young doctors: "Let not our young men debase their calling for filthy lucre, but keep the professional robe unsullied from this offense against the laws of God and man." He visited his patients for years on horseback. He was a passenger on the first railroad train from Madison to Indianapolis in 1847.

Many will recall a paper he read before the County Medical Society some twenty years ago on "Medical Men and Medical Practice in the Early Days of Indianapolis," a truthful and kindly record of his worthy compeers. Upon his retirement from the presidency of the Indianapolis Medical Society, his 89th birthday anniversary, he was presented with a beautiful illuminated scroll, containing resolutions of respect, affection and veneration for his worth. Two years ago he made the adress of welcome to the State Medical Association on behalf of the local society, speaking as follows:

"Mr. President and Gentlemen of the Indiana State Medical Association: I regret that I have not the mental or physical ability to do justice to an occasion of this kind. It overpowers me to meet you here today. Where, oh, where, are the men who were with me when we organized this society? Gone to that bourne from which no traveler returns. I am the only one who survives.

"It is a great privilege to meet with you here today—and I was going to say, see you; but I can not see you. It is a privilege I did not expect to have, but I thank you for the welcome you have given me. I thank God that I am permitted to meet with you once more this side of the Great Beyond.

"There are many things I would like to speak of, but my infirmities, the result of old age, are such that I decline to enter into any discussion or lengthy talk. But I welcome you to our city, where the organization first met. I welcome you as medical men who have fought battles for humanity and advanced the science of medicine. When I look back to Chapman's Therapeutics and Cooper's Surgery, the works I read beginning with the 28th day of February, 1838, and compare them today, it is not the same profession. I look at these books as relics of bygone days.

"Now, permit me not only to welcome you, but to advise you to rise in the future, as your fathers have in the past, in medical science and moral worth, and in everything that goes to make up a true man and worthy citizen."

He had a natural eloquence, a ready wit, a keen and forceful intellect. As Dr. Brayton well says in his biographical sketch contributed to Stone's Eminent American Physicians and Surgeons, he "would have graced the pulpit, or been an ornament of the bar; or brought dignity and virtue into political life, had his desires led him along any one of these pursuits rather than to the practice of medicine."

Dr. Wishard was a Presbyterian elder for nearly 70 years; he believed in a religion of hope and joy and peace. He lived that religion in his daily life—and it is such lives as his that form the strongest arguments for the truth of Christianity—a sunny and a kindly life, a life of faith in God and the triumph of right, a life of influence for virtue, peace and hope. Such a life deserves a permanent memorial, like that prepared by Dr. Brayton and his friends for Dr. James L. Thompson.

Dr. Wishard was unlike Dr. Thompson

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in the wideness of his fame and the extent of his financial success, but he was like him in his usefulness to humanity, his strength of character, his remarkable career in this community. We all loved him, we are better for having lived with him here, we mourn his loss as one personal to ourselves. Surely we can say of him:

"A truer, nobler, trustier heart,
More loving or more loyal, never beat
Within a human breast."

DR. S. WEIR MITCHELL DEAD.

Dr. Silas Weir Mitchell, noted physician and author, died at his Philadelphia home January 5, after a brief illness. He was born there in 1829 and was not only noted as a writer on medical topics and scientific subjects but for several volumes of fiction and poems.

Dr. Mitchell was an honorary member of the French Academy of Medicine, member of the British Medical Association, honorary fellow of the Royal Medical Chirugical Society, fellow of the Royal Society, former president of the College of Physicians, Philadelphia, and member of the National Academy of Medicine, U. S. A. He was a graduate of the University of Pennsylvania, Jefferson Medical College, an LL. D., of Harvard and Edinburgh and honorary member of many other foreign medical societies and schools.

Fiction writing and salmon fishing were his two recreations. Some of his best-known stories are "Hugh Wynne, Quaker," "The Adventures of Francois," "Dr. North and His Friends," "Circumstances," "Constance Trescot," and "When All the Woods Are Green."

Dr. Mitchell was an authority on nervous diseases and wrote a number of papers of neurological import, some of the volumes now being classroom authorities.

Very few men, says a writer on Dr. Mitchell, have lived long enough to master more than one trade, but Dr. Mitchell may be regarded as a marked exception. He has been called the dean of American novelists as well as one of the foremost physicians of his time. His literary output was large and consists of more than 185 volumes of all kinds of writing, from children's stories to work on scientific subjects.

A biographer of Dr. Mitchell says: "Those who know Dr. Mitchell most intimately have much to say of his vast and special knowledge of abnormal human nature. His long years of medical research and practice have afforded exceptional opportunities for acquiring such understanding, and Dr. Mitchell seems to have made the most of every chance and to have missed nothing essential. In the days of the civil war, when he walked in the wards of the Philadelphia hospitals, he began to read and study human minds and hearts. Today he divines human motives unerringly, and with if not above, the genuine literary merit of his work, is ever a psychological interest of high value.

"For twenty-five years he worked and studied, practiced and wrote. Experience in the civil war directed his attention to the care and cure of nervous diseases, and he began those especial researches which resulted in the "rest cure" and brought him world-wide fame. More than a hundred publications on physiology, toxicology and various troubles bear the name of S. Weir Mitchell, M. D., as witnesses to the labors of this quarter of a century. Then, with half the world acknowledging the weight of his authority, he turned his attention to literature. He had well lived up to the advice of "The Autocrat of the Breakfast Table.'"

The following editorial is from the Indianapolis Star, Jan. 5, 1914:

In its successful mingling of medical and literary work the career of Dr. S. Weir Mitchell, whose death is announced, ran parallel with that of Dr. Oliver Wendell Holmes and is often compared with his, the two cases being remarkable because it is seldom that two professions can be followed simultaneously with justice to both.

It has been said of both these men that they did not indulge in miscellan-

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eous writing until they had virtually retired from medical practice, but this was true of neither. Dr. Mitchell's earliest publications had to do with medical subjects, especially nervous diseases, to whose treatment he devoted himself; but as early as 1880 he began the publication of verse and fiction, and hardly a year passed from that time on that a volume from his pen did not appear.

Except his medical books, some of which were of a popular character and had a wide circulation, his writings attracted little attention until the publication of "Hugh Wynne," in 1898. This gained immediate popularity and, though it has remained the favorite among his books, several others have won much favor, "The Adventures of Francois," for example, in which the author displayed an especially light touch and unexpected versatility.

Dr. Mitchell held high rank in medical circles, being among the leaders in his profession as a neurologist. As a writer of fiction he made creditable contributions to American literature and will hold an honorable and memorable place in the annals of both professions.

INDIANAPOLIS MEDICAL SOCIETY.

President, C. E. Ferguson; vice-president, John A. Pfaff; secretary-treasurer. A. E. Guedel.

Meeting December 2, 1913.

Dr. Jaeger presented the following resolution: "That the Indianapolis Medical Society of Marion county declare itself opposed to any member paying any lay newspaper or magazine for publishing his photograph or biography." Carried. The secretary was instructed to send copy of resolution to the Indianapolis Star. Secretary was also instructed to send letter to the Indianapolis Star commending their recent policy of excluding from their paper advertisements of so-called quack doctors, and to send letter of appreciation and commendation to the Chicago Tribune for the active and effective campaign that paper has been conducting against the advertising quack doctors.

Dr. Jane Ketcham read a paper, subject, "The Serum Diagnosis of Pregnancy." The paper dealt with the Abderhalden test and gave the results obtained by Dr. Ketcham in a series of 43 cases. The test for pregnancy is of value in diagnosis before the local examination can determine pregnancy; also where a second pregnancy so closely follows the first that the usual signs are absent. This test would also establish the presence of an hydatidiform mole and ectopic pregnancy. The test is a purely bio-chemical. Has no bearing at all on bacterial life. Is neither a precipitation nor an agglutinin test. It is based upon the principle that the parenteral injection of foreign matter will bring into the blood serum an enzyme or ferment capable of digesting such foreign matter. Such a ferment is specific and will not react upon a dissimilar substance.

This test should be of great value in differential diagnosis in surgery and medico-legal work. Dr. Ketcham reported six luetics, two nephritides, three tuberculoses and fifteen non-pregnancies all negative; ten pregnancies, seven recent abortions all positive.

Discussion:

Dr. Beckman—In the operation of this test dialization has taken the place of polarization because of the difficulties offered by the latter. The test has failed often, probably from errors in technique. Asepsis must be observed or bacterial cleavage may provoke a positive reaction in a negative case. In a series of cases in the Lying-in hospital, New York, 5.5 per cent. of 89 pregnancies showed negative reaction and 8 per cent. of 49 non-pregnancies showed positive reaction. Test valuable in differential diagnosis where pregnancy is at all possible.

Dr. Wm. Shimer—The test opens up a new field of pathology. We know the digestive power of syncytial cells. Why do not these cells, when broken away and carried into the blood stream of the mother, bring about a syncytio-maligum? It is because of the antibody for-

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mation that these cells stimulate. This test must be done by an expert to be of value.

Dr. Burckhardt—Discussed the work of Abderhalden in a general way through a period of 12 years.

Dr. W. B. Kitchen—How much time must elapse after gestation before this test can be relied upon? How long after interrupted pregnancy or after labor will the test continue to be positive?

Dr. Ferguson—This test, if properly applied, will possibly prevent some unnecessary surgery by making a diagnosis in doubtful cases.

Dr. John Thrasher—This work brings out the principle in the detection of antigen-antibody combinations. The principle is a broad one. If we inject into the body any type of cell there will be a specific antibody formed. The detection of this antibody is the principle upon which possible diagnosis of early malignant newgrowths are based.

Dr. Ketcham (closing)—In answer to Dr. Kitchen. The test is positive in a pregnant individual after the formation of placental tissue sufficient to react. The time is about six weeks to two months.

The reaction does not occur as a rule after two weeks following the emptying of the uterus. About 24 hours is required to make the test.

Dr. A. W. Brayton read an interesting review of Dr. Wechselman's book "The Pathogenesis of Salvarsan Fatalities," and discussed the use of anti-syphilitic remedies in his clinic. Neo-salvarsan is not a poison, in itself. It will, however, when administered with mercury produce a nephritis which may be fatal. Mercury produces a tubular nephritis while salvarsan produces a vascular nephritis. Either condition in itself is not serious. Combined however, they have produced death.

The work of Wechselman teaches us to be more careful in our administration of salvarsan and mercurials. With the vast number of cases that have been treated by the combined salvarsan-mercury method, without careful study of the case and particularly the kidneys, there has been considerable good fortune with us in the very few unpleasant results. Salvarsan should not be given closely following the use of heavy mercurials.

Meeting December 9, 1913.

An invitation from Dr. George Edenharter, superintendent Central Indiana Hospital for the Insane was read inviting the members of the society to attend the course of clinical lectures to be given at that institution.

Dr. Chas. E. Cottingham read the paper of the evening. Subject, "The Medical Aspect of Hyperthyriodism."

The variability of the symptoms of Graves disease renders the diagnosis at times difficult. We may have true exophthalmic goiter without hyperthyriodism. We may have the reverse.

Treatment avails more early in the condition, before there is enlargement of the gland or exophthalmos. The far advanced condition will not respond to any treatment but surgery. The early case is amenable to other treatment.

The so-called Basedow's temperament often preceeds the development or the recognition of the true disease. It is possible that this so-called temperament is no less than the true disease in an early form. Some of them recover completely; some never develop the symptoms of the later condition. The period of development varies from a few weeks to many years.

Treatment—There is a tendency toward early surgery. However opinion is about equally divided. Eulenberg (Berlin) in observing 600 cases treated by means other than surgical reports almost as large a percentage of cures as with surgical while the rest of the series were benefited in various degrees. Cotton of New Jersey in reporting Mayo clinic records, shows 75 per cent. recoveries in all persons surviving the operation, but the operative mortality is from 20 per cent. to 30 per cent. By selecting cases this mortality reduced to 4 per cent.

I am unwilling to have surgery em-

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ployed excepting in cases of long duration with marked enlargement of the gland.

Prolonged absolute rest in bed is a common and efficient treatment, when supported by true hygienic care. Beebe's lytic serum may have some virtue as is claimed but we must wait longer for true reports. Injection of boiling water into the gland has some supporters. Pituitary and Thymus extracts are used but the effect is questionable.

I have used the X-ray upon fourteen cases in the past six years with results which warrant the continuance of the method. Symptomatic recoveries in all of these but one, a case of three years' standing with marked enlargement of the gland. This patient was a school teacher and could not stop work for treatment. Some improvement at first. The thirteen cases cured, required from six to twenty applications of the X-ray. One patient required a hundred treatments. After two years she is in good health with heart and nervous system normal.

I have seen no bad effects from X-ray treatment where it has been properly used. There is a shrinkage of the gland tissue which is permanent.

Dr. R. O. McAlexander reported two cases: Subjects "Ovarian Tumor Simulating Appendicitis," and "Large Renal Calculus: Operation."

Case 1. Girl, age 8, white. Family history negative. Personal history: Usual diseases of childhood; no serious illness. Present condition: Pain right lower quadrant; constipation, vomiting, muscular rigidity; Temp. 99, pulse slightly accelerated. For two days pulse increased slightly in rapidity. Temperature as hgh as 101. Operated for acute appendicitis with pus. Appendix normal except for a mild peritonitis. Found tumor right ovary, size of orange; pedicle twisted; removed; recovered.

Case 2.—Man, age 28. Family history, negative. Personal history: Usual diseases of childhood; typhoid at 12 years. Four weeks ago, violent abdominal pain, beginning back or right side, radiating toward scrotum. For several days afterward, severe chills and higher fever. Tenderness over right abdomen front and back. No trouble voiding. Three weeks in bed. This was first attack of this nature; urinalysis: albumin and sediment abundant; many blood cells; no tube casts. X-ray gave shadow on right side. Cystoscope showed stone in bladder size of pea. Operated five weeks later. Recovery. Calculus after being dried weighed 32 grams.

Discussion:

Dr. C. F. Neu—So far as medical treatment of hyperthyriodism is concerned the opinions are about equally divided. Medicine and surgery give about equal results. The question is "When do we have a cure?" We can bring about an amelioration of symptoms but a true cure is questionable with either treatment. It is extremely difficult to remove the so-called Basedow's temperament. With the injudicious use of the X-ray there have followed cases of hypothyroidism. The absolute rest treatment should be first tried before operating the case.

Dr. Theodore Potter—Graves disease is a disease of the thyroid gland. We have hyperthyriodism without always having Graves disease. Excepting the local symptoms of Graves disease the symptoms are all nervous. Behind the symptoms is intoxication. Behind the intoxication, the thyroid gland. Behind the thyroid, what? May have symptoms of Graves disease following an acute infection of the thyroid. The real cause of the disease is still a question. In the treatment we all agree upon rest. We do not insist upon absolute rest as we should. Rest must be absolute. We have practically nothing at hand to counteract the toxines unless it be one of the sera now on the market. Variability of the disease makes statistics very uncertain. Surgical status today, like the surgical status of appendicitis ten years ago. Perhaps the evolution will be the same as in appendicitis. It would seem that surgery is practical in getting to the seat of the trouble as rapidly as pos-

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sible. It is well to try medical treatment at first but unless the improvement is rapid and pronounced, operate.

Dr. Hugo Pantzer—Reported two cases. 1. Full grown thyroid enlargement with symptoms of malaria. Complete recovery in about five days with disappearance of the glandular hypertrophy. Case 2. Young lady long time in hospital in preparation for operation on uterine fibroid. Had enlarged thyroid and symptoms of hyperthyroidism. Day after the operation gland had disappeared and the symptoms were gone. Few days later tonsilitis contracted and thyroid with symptoms reappared. These receded in about two months.

(On Dr. McAlexander's case). Temperature in tumors with twisted pedicles develops only after many days. His case after all may have been appendicitis.

In reporting cases it is not at all justifiable to say "The patient had the usual diseases of childhood." That means nothing unless the particular diseases are specified.

Dr. T. B. Eastman—It is quite well known that where we have a great many remedies for a condition, none of them are very good. We are reminded of the X-ray treatment for spleno-medulary leukemia a few years ago. It helped for a time but the symptoms invariably recurred in a more pronounced form than before. We should wait a year or two before reporting cures of Graves disease. Surgery gives about the same percentage of cures in Graves disease as in the average surgical condition.

Dr. John Pfaff—"Is there anything in the toxemia of these conditions that causes so much bleeding during operation on these patients for other conditions?"

Dr. Albert E. Sterne—We are too frequently confusing symptomatic hyperthyroidism with Basedow's disease. The recovery of these conditions is apt to give our statistics too bright an appearance. Symptomatic Basedow's is often cured by the removal of a tumor elsewhere in the body. True Basedow's is probably polyglandular in character and our lack of knowledge of the inherent pathological physiology makes progress in treatment slow. Most surgeons regard the true condition as imperative surgery and operate to relieve, not to cure.

Dr. Alburger (on Dr. McAlexander's first report)—Would not a leukocyte count have differentiated between an ovarian tumor and an acute appendicitis with pus?

Dr. Potter—The therapeutic test properly applied as it is so seldom done, is of value in the early diagnosis of Graves disease. If the disease is present, the patient will react to a very small dose (¼ gr. t. i. d.) of thyroid extract.

Dr. A. W. Brayton—Asked as to the national distribution of the disease. "Is it a disease of civilization or not? Where does the condition come from?"

Dr. W. T. S. Dodds—Grandmother and two aunts died of hyperthyroidism. Mother was operated and saved. In adolescent period let the condition alone from surgery. After this period however, if the condition persists operate. Regards the condition one for emergency surgery.

Dr. Alburger presented a renal calculus secured at autopsy, which was of enormous size and forming cast of the pelvis of the kidneys. Dr. Gatch made a brief report on the case.

Dr. Cottingham (closing)—Certain vasomotor changes in hyperthyroidism may account for the excessive bleeding in operation as suggested by Dr. Pfaff.

We can not rely too much upon statistics with serum treatment for where they are employed the rest and hygienic treatment are used in conjunction. The question is "Which does the work?"

The X-ray will give very good results in selected cases. It will not cure them all. Neither will any other treatment. Those cases which have but little thyroid enlargement will respond as a rule very well to the X-ray treatment. X-ray results if the treatment is conducted properly will give as good results as surgery. The far advanced cases

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should be operated for there is nothing else that will relieve them.

Dr. Eastman spoke of the status of X-ray treatment in spleno-medullary leukemia, a few years ago. I will say that it will stand the best treatment in this incurable condition, that we have and it will prolong life a number of years.

Dr. McAlexander (answering Dr. Pantzer)—In this case there was no appendicitis. My experience has been that we do get early temperature.

Meeting of December 16, 1913.

Dr. W. T. S. Dodds reported for the W. H. Wishard Memorial Committee, reading the following memorial:

"Mr. President and members of the Indianapolis Medical Society: Once more we are called upon to pay tribute to a departed brother. In this instance it is more fitting to praise than to lament. He in his ripe old age had no need for our lamentation. This time our departed brother is Doctor William H. Wishard, a patriot in medicine, a patriot in Indiana.

He developed with the vastness of a great frontier state and was a distinct part of its development. He was an integral force in the medical, social, religious and political life of the state. He stood for natural growth and grew along with the development of a pioneer state to that of a civilized flower. He stood for social purity, Christian benevolence and everlasting truth.

His life reminded us of the great towering dignified trees of Indiana—the symbol of sturdiness and power. He was one of the fathers of Indiana medicine and this was his work. He belonged to the "old school of family doctors" which has passed away with these grand old patriots in medicine. He believed in the curative power of medicine and was a strong advocate that somewhere nature had deposited a cure for all ills.

His knowledge of medicine and his educational attainments were largely obtained from the university of nature. His books were the trees, rivers, flowers, people and associates. So great were his attainments, that he was honored by this society as its president and has had during his professional life numerous obligations and honors conferred upon him which he has used with dignity. He lived a full life in acts and deeds as well as in years.

Therefore: Let us resolve that we have lost a good friend, a wise counselor in medicine; a patriot citizen of the state and community, and a dignified christian gentleman to emulate; in the death of Doctor William H. Wishard.

Signed by Drs. G. V. Woollen, Albert E. Sterne and W. T. S. Dodds.

This resolution was adopted.

Dr. E. E. Padgett read the paper of the evening. Subject, "Present Status of the Use of Pituitrin in Gynecology and Obstetrics." Pituitary extract stimulant to all plain muscle, especially uterus. It should be used with the utmost discrimination. Its indications should be carefully studied. Dangers, deep laceration of the cervix, death of the fetus and uterine rupture. Action, if at all, begins in from five to fifteen minutes after injection. Should be given intramuscularly. Dose 2 to 4 c. c. Action short lived and dose may be repeated at short intervals.

Ampoules or vaporoles should be used. Three reliable preparations on the market. Ordinary action 2 gms., decided action 4 gms. dose. Effect lasts about 30 minutes. May be combined with ergot or with heart stimulants. Has no place in normal obstetrics, being limited to primary or secondary inertia, post-partum hemorrhage and Caesarian section. Produces strong intermittant contractions but no tetanic. Given in the first stage of labor the drug has caused fatal compression of the fetus, premature separation of the placenta and deep cervical tears. Action more positive in multipara. For post-partum hemorrhage probably not so reliable as ergot. Should never be used unless preparations for immediate delivery under anesthesia complete.

In medicine and gynecology (Marx of N. Y.) In subinvolution (selected cases)

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one or two injections daily gives rapid results. As a temporary means controlling hemorrhage from uterine fibroid. Hemophilic bleeding from the uterus. Possible value in post-partum infection as it will reduce the size of the uterus and lend tone to the flabby muscle.

Dr. Bernays Kennedy reported a case of "Coincident Intra and Extra-uterine gestation." Reviewed literature. Patient, nullipara; missed two menstruations; slight anemia; malaise; distress in right iliac region. Usual signs of pregnancy. After short time patient developed unmistakable signs of ruptured ectopic and abdomen was opened. Left ruptured ectopic found and cared for. Uterus larger than normal but was considered collateral with ectopic pregnancy. Recovery uneventful. Two months later appeared for examination and was found to be four months pregnant which coincided with her menstrual history. Five months later delivered of a full term babe; normal labor. Baby living and well. Mother well.

Dr. E. D. Clark reported a case of "Extra-uterine Gestation at Term." Patient age 28. Menstrual history normal. Married at 16. Two children, 12 and 8 years of age, living and well. Third pregnancy, one year after birth of second child. Was accompanied with much nausea and vomiting. Accidentally terminated at three months. Nine and one-half months before admittance to the hospital, she became pregnant again. Much nausea and abdominal pain. Obstinate constipation. Observed fetal movements between fourth and fifth months. Three weeks before admittance into hospital had a gush of fluid "about a cup full" at the time thought to be amniotic fluid. She felt no movement afterward. Very uncomfortable, owing to her size; nausea and exhaustion; temperature 100; respiration 25; heart and lungs normal. Appearance of pregnancy at term. Examination showed uterus of normal size, cervix dilated, gray necrosis of mucous membrane, foul discharge. Repeated attempts had been made to bring on labor by dilatation. etc., which might account for the infection in the uterus. No fetal heart sounds, during past three weeks. Operated. Large tumor filling the abdomen. Uterus and appendages not connected with it. Adhesions to tumor extensive. Fluid in tumor was drawn off with large trocar. Sac opened and a full term child, weighing eight pounds was removed. Placenta was found behind the uterus attached to the rectum and sigmoid. Because of the infected uterus, this and the tubes were removed. This made removal of placenta easier. Abdomen closed. Recovery good. Left hospital sixteen days after operation, Feb. 2, 1911. Mother recently reports excellent health.

Discussion:

Dr. John Cunningham (Pituitrin)—It is a powerful drug. Can do much harm or much good. Personal results not satisfactory. Must choose cases carefully and use caution in administering. It is often used to stimulate uterus when uterus needs only rest.

Dr. Louis Burckhardt (Pituitrin)—The drug was formerly thought to resemble adrenalin in action. Used locally in hay fever, when it first appeared. Very enthusiastic supporter of the proper use of the drug in obstetrics. Must be sure that the birth canal is clear and large enough for delivery before administering it. We must be ready with an anesthetic in case the action of the drug is too strong. Its use makes the necessity of forceps deliveries less frequent. We may get a post-partum uterine inertia following the use of pituitrin which possibly makes it advisable for the operator to wait for a considerable period after delivery to be sure that there is not going to be a relaxation of the uterus and hemorrhage.

Dr. Thomas B. Noble—Reported a case in which he used pituitrin during Caesarian section. Uterus would not contract after removal of the child. Remained a bleeding flabby mass. Hypodermic of pituitrin given and within one minute the uterus contracted so forcibly that it was blanched. This contraction persisted and abdomen closed. No further

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trouble. Differs from similar observations with ergot in as much as the action is more forceful and vigorous.

Dr. Harry Jacobs—Reported series of forty cases in which pituitrin was used. Most of them normal. Waits for three fingers dilatation. After its administration labor is quickly terminated. May have some effect upon the child in-utero. Reported one case in which the first injection had no effect. Repeated one hour later. After this fetal movement ceased. Next morning mother was delivered of a dead baby.

Dr. Harry Bonn—Reported case of coincident intra and extra-uterine gestation observed by Dr. J. Rilus Eastman.

Dr. C. E. Ferguson—Pituitrin is a great aid in obstetrics if properly applied. Reported a miscarriage at six months in which there was a lack of uterine contractions. The placenta would not be expelled. Closely following the administration of pituitrin there occurred a strong contraction with expulsion of the placenta. Reported case of Caesarian section in which after removal of the child the uterus remained soft and bleeding. One injection of pituitrin brought the uterus down hard. Has also noticed relaxation of the uterus after the effect of the drug has passed. Reported case: Mother of six children. Transverse position of fetus. Could not do version. Labor then begun. Examination showed hand in os. Chloroform administered and foot pulled down. After half an hour there had been no pain. There was wide dilatation of the os. Pituitrin administered and with the aid of the resultant contraction the babe and placenta were secured in eight minutes. The danger in a case such as this would be the contraction of the os about the neck of the babe after the body had been born, producing asphyxia. In this case the dilatation was sufficient to permit the head to be pulled rapidly through.

Dr. Padgett (closing)—I believe that pituitrin is a good drug but it must be used with care and discretion.

Meeting of December 23, 1913.

The program, a holiday smoker, consisted of the following:

Dr. Walter N. Sharp—A Half Hour With the Camera in the Vicinity of Old Concord with a description of the battle of the Old North Bridge.

Dr. Sharp presented with the lantern, many beautiful photographs from about Old Concord, which he had taken during his residence in that vicinity, and related in a most interesting manner the history of various points of interest shown. Dr. Sharp's presentation was of extremely high order and was well appreciated by the audience.

Mr. Walter P. Pfaff entertained well with Riley readings.

Mr. Kin Hubbard finished the program with a "Chalk Talk." Along with a beautifully artistic portrait of Miss Fawn Lippincut, Mr. Hubbard aptly portrayed a number of our prominent and otherwise physicians, finishing with one who is not a member of our society, the quack doctor.

The entire entertainment was most interesting and was well received, as were the cigars and cigarettes personally selected by the secretary.

ANNUAL MEETING OF CLAY COUNTY MEDICAL SOCIETY.

(Reported by Harry Elliott, M. D., Secretary, Brazil, Ind.)

The members, their wives and the guests of the Clay County Medical Society sat down to a sumptuous banquet in the dining hall of the Davis Hotel, Brazil Ind., on Thursday, December 18 at 8:30 o'clock. Dr. Felix G. Thornton acted as chairman. After the banquet the chairman introduced Dr. David Ross, of Indianapolis, who gave an address on London Hospitals, Clinics and International Congress of Surgeons, held last August. This address was followed by a paper on "Heart Muscles and Heart Sounds," by Dr. Samuel E. Earp, of Indianapolis. Dr. Earp advanced some new ideas as to diseased heart muscles, being a causal factor in many cases of heart

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murmur where post mortem examinations showed valves to be entirely competent and the lesion was in the myocardium. This paper was followed by a paper on "Relation of Health Officers and Physicians," by Dr. Thornton. A free and general discussion of addresses and papers followed.

Report of the secretary-treassurer followed, showing balance of $19.49 in the treasury.

Election of officers followed:

President—Dr. M. H. Young, Brazil.

Vice-President—Dr. L. S. Hirt, Brazil.

Secretary-Treasurer—Dr. F. C. Dilly, Brazil.

Board of Censors—Dr. J. A. Rawley, Brazil; Dr. Wm. Palm, Harmony; Dr. J. D. Sourwine, Brazil.

Delegate to State Medical Society—Dr. G. W. Finley, Brazil.

Alternate—Dr. P. H. Veach, Staunton.

Delegate to Distrist (5th) Medical Society—Dr. W. H. Orr, Brazil.

Alternate—Dr. C. C. Sourwine, Brazil.

County Historian — Dr. Thornton, Knightsville.

THE LATE DR. W. H. WISHARD.

(By Dr. S. C. Kimberlin.

One of my greatest pleasures as well as benefits came from the privelege of many years acquaintance and association with Dr. W. H. Wishard. I have wished many times, that every young man beginning an active career, especially in medicine, could have the association, influence, and splendid example of a man with the character and consistency of Dr. Wishard.

Some of my greatest incentives to an open, frank, and straightforward living came from him and the example of his unselfishness and goodness that impressed me most with the influence of such a character as his, and his treatment of me immediately after graduating in medicine. He knew my anxiety, which haunts most young physicians, to choose the best and most advantageous location and environment. He called me into his office one day, and made me a proposition, which meant a guarantee of more than enough for my living to begin with, and with any additional I might choose to add by increased work, making that part optional with me. After stating all these facts I was more than touched and forced into an everlasting admiration and respect by his statement so kindly made that this is what he would be glad to do but that I was a young man and might have a bigger future. While he wanted me to feel this offer was open to me at any time, if I found something that was better to feel perfectly free, in fact he would be happy himself to see me take it. This was certainly not only a comfort to me then, as well as ever since, but gave me confidence in not only the medical world but in mankind.

Another occasion which impressed me very much with his bigness, was one day when riding with him in a buggy to make a country call, while I was yet an undergraduate, we drove up behind a man with a closed buggy. We were quite anxious to drive around him; we tried two or three times to drive past, but each time, evidently without intent, he would swing to our side of the road, and it goes without saying one of my age, was pretty much exasperated though I said nothing. When we tried again and the same thing occurred, Dr. Wishard only laughed heartily and said: "It beats the world how nearly every one (referring to the driver) is of the same notion at the same time." While wholly unconscious on Dr. Wishard's part, I valued this as one of the most keen and yet just rebukes to impatience that I ever experienced. Nothing was ever said of the subject but it was an experience that I never got away from.

One could never be long at one time in Dr. Wishard's company without seeing many such examples of his bigness of mind and the beautiful Christian spirit which not only characterized his life and daily work but made his home a veritable retreat for all who knew him, especially young people whom he always took unusual pleasure in helping, encouraging and directing, not only in bus-

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iness but social and Christian ways as well. No young man needed in life the acquaintance and association of more than two men of his kind and character. Almost his exact prototype was his lifelong friend, Mr. George Merritt, now deceased, and he like Dr. Wishard was long in the front ranks of the philanthropic and Christian work of our city.

The striking evidence of his unselfishness and untiring devotion to his profession as well as his service as a plain citizen was the fact that he never accumulated, and rarely discussed the financial side of his business. This to him was of secondary importance. While believing in providing plenty whether of bread and butter or professional skill, he was always ready to share with any worthy person just as willingly as with his own family.

It was a great task for him to give up active practice. About at his 90th year I saw him making a professional call, the ground covered with snow, on a poor family living on N. Senate avenue, his only remark being that they were very worthy people and that he had been their physician and that this was the fourth generation. He seemed to be enjoying his visit very much.

During the last two or three years when reduced almost to helplessness, and what would be to an ordinary person hopelessness, he was just as cheery and bright as in his most active days. One could only interpret this as meaning that he felt satisfied with his life's work and more reassured than ever for his future, and each of his days was one of pleasant, patient waiting for his Master's call.

FROM THE DIARY OF LI HUNG CHANG.

In the dairy of which a partial translation was issued last year, Li Hung Chang reprobates the habit of early rising. At the close of his visit to St. Petersburg, the Chinese statesman wrote: "I have learned that we start early tomorrow morning. This is not to my taste. I would much prefer to begin the journey now and sleep on the train. To arise so early in the morning seems to be a foolish western practice, foolish especially among men of state, who could so much better transact their affairs at night, when all is quiet and the mind is most alert. But from all I can learn these statesmen and lawgivers look for their pleasures at night, going to banquets, theaters and fancy parties. To this I attribute much of the intrigue known to all these courts. Women can not enter the council chambers nor make speeches in parliament, but they work their wiles at the parties and operas."

The dairy of Li Hung Chang just issued was written on his trip around the world. It is one of the best of modern biographies. Replete with helpful criticism of European nations and the United States. A. W. B.

A BANQUET ECHO.

By Dr. G. W. Finley.

Clay county may well take pride in the achievements of her native sons and daughters, who having gone into broader fields of work, have wrought so faithfully and well as to compel the recognition of capitals and the grateful tribute of metropolitan peoples. I voice the earnest sentiment of the medical profession of our county, in appreciative welcome to our midst, now and always, of our son and brother, whose innate, modest worth, constant devotion to his life work, together with his indomitable high moral character, and who lately so worthily represented our State and Nation in the International Medical Congress—Dr. David Ross, of Indianapolis—may his days of useful service be long and happily rewarded.

Our genial friend, Doctor Earp, was heartily funny in his feigning embarrassment at the thought of presenting a technical paper before a mixed audience. Of course, he knew that we all knew, that the ladies intuitively knew, his theme would be "Affairs of the Heart"—a subject in which we are all intensely interested; yet an enchanting kingdom, in

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which the gentler sex live, move and have their being—in which they are the queens of our hearts.

Dr. Earp hints a suspicion, that medical men, even outside of the capital city, treat their wives, when ill, with samples sent out per parcel post, by P. D. Q., "Sharp and Do'em" and the "Lily's of the valley." Perish the thought! Yet, seriously now, we have to dispose of these "Sampills" some way. We are not allowed by law to prescribe them for profit and having no stoves in our offices, we can not burn them all. Then will he deny that sometimes we are justified in extreme measures, and in threatening the feminine members of our household, that if they do not stay well and handsome, and able to help us make the living by answering the telephones, driving our automobiles and attending medical banquets, we shall be compelled to make them use the "Sampills." By their youthful and bright countenances he should see that we are making a success of the treatment, and he is welcome to take the suggestion home with him for future reference. In vain he chanted that he—

"Would drop that subject because it was hot,"
And take up another which he thought was not."
For after all, he had to come back to

that in which all the world is interested, the great sympathetic heart of humanity, of which there is no truer example today than the doctor, the self-sacrificing servant of the brotherhood of mankind, except only the Great Physician himself, when on earth. In exercising the truest, sympathy for our patients and all afflicted, discouraged, downs-and-outs, we must however not be too softly sentimental, but rather in putting them on their feet again, insist that they too, immediately go to work doing good for others, as the only way to retain that regained health.

While in a literal sense the speaker so skilfully dissected and discussed the paper-heart, and truly told us about the compensatory hypertrophy which later changes to atrophy of heart muscle fiber.

He might also in a figurative, yet a practical medical sense have warned our younger members, at least, of another cardiac anomaly we are liable to encounter among patients who are able to pay their bills, but who do not always do so. In the stage of beginning convalescence after a critical illness, during which both faithful nurses and attending physician have had many anxious moments; and by long and skilful service have brought him through to the point of safety, the patient while rejoicing with his family that he has been snatched from the jaws of death, we see well marked evidence of hypertrophy of the heart overflowing with gratitude to his benefactors. He wishes to reward them with all the riches of this world and the blessing of the world to come. He is even willing to offer his hand in marriage to the nurse! Now the modest physician, fearing to seem too worldly-minded, and being also very busy just then looking for his next case, neglects to render a bill for his services up to date. Behold, very soon, without any other medication than this neglect, that heart, enlarged almost to bursting with gratitude, begins to atrophy and shrinks to the size of a mustard-seed! Its owner promptly forgets his deep obligation, avoids meeting his old physician, and the next time he is taken ill he sends to Terre Haute or Indianapolis for a doctor. Prevention medicine is always in order. Let us ever strive to prevent this serious form of cardiac atrophy.

ATLANTIC FISH IN THE WEST.

Shad Transplanted to the Pacific Forty Years Ago Doing Well.

(Harper's Weekly.)

Fish carried across the Rockies in milk cans some forty years ago have thriven and multiplied all along the Pacific shores.

From 1871 to 1880 Seth Green and Livingstone Stone between them toted 600,000 young shad from the Hudson

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across the continent and released them in the Sacramento and Columbia rivers.

Five years ago shad were taken away up at Cook's Inlet, and now the coast rivers teem with them. The clean, cold Pacific waters were to their liking. The annual catch of shad on the vest coast so far as traceable is now a little more than 1,500,000 pounds, and even these are taken in nets set for other fish.

Striped bass from Jersey waters, brought across in 1882, were ancestors of the 2,000,000 pounds that are now taken every year almost without an effort along the Pacific coast from Los Angeles away to British Columbia.

The western waters have oysters of their own, coppery little things, one of which might fill a thimble, but the sloops bring into North river no bivalve more tempting in quality than the Toke Point or the Drayton Harbor oyster, which, born in Long Island sound or along the Rockaways, makes the journey in carloads across the continent in his infancy and at maturity finds his fate on the tables of Portland, Tacoma, Seattle and Spokane.

Oysters have not as yet bred on the Pacific coast. It was Professor Wm. Brooks of Johns Hopkins University who first grew oysters from the eggs. He made millions of dollars for the State of Maryland by his patient work in biology. The writer knew him well. He was a great teacher and naturalist.

A. W. B.

NO TYPHOID FEVER IN THE ARMY OR NAVY.

WASHINGTON, December 31.—The army got through the year 1913 with only two cases of typhoid fever in the enlisted strength of more than eighty thousand officers and men. One was that of a man who had not been immunized with the typhoid vaccine, and was believed to have contracted the fever before he enlisted; the other case was among the troops in China, and though the man was immunized in 1911, the history of the case is in doubt.

The navy, which adopted the vaccine later than the army, and did not make its use at once compulsory, had among its fifty thousand jackies only seven authentic cases of typhoid in the year ending last June. Four of those were treated at a remote tropical station, where the vaccine had deteriorated.

Scourge Wiped Out.

Such is the wonderful record of the prophylactic treatment, which has wiped out one scourge among the nation's defenders and which many medical officers believe has had something to do with decreasing the rate of tuberculosis.

Under the direction of Surgeon-General Blue, of the public health service, many thousands of sailors, on merchant ships have been treated with the serum at the government's marine hospitals.

Before the resort to immunization typhoid cases in the army averaged about three to a thousand enlisted strength or in the neighborhood of 250 cases a year. In 1910, before the beginning of the treatment, the rate was 2.32 a thousand; in 1911 it dropped to .80; in 1912 to .62; this year the rate is practically nothing.

The difficulties in extending protection to sailors is said by the naval surgeons to be much greater than in the case of soldiers, owing to the fact that the former are landed in strange ports, going to all sorts of places and eating all kinds of food and generally are beyond the watchful eyes of their superior officers. Typhoid cases in the navy, which in 1911 numbered 3.61 a thousand, dropped to fifty-seven cases, or .92 a thousand in the following year. During the current year up to October 1, the percentage was only .30. Where typhoid occurred among those who had been treated the cases were mild and the convalescence rapid. The fleet surgeon of the Atlantic fleet now reports that the prophylatic treatment has practically eradicated typhoid from the fleet.

The above press note printed in every great newspaper in the United States should arouse the people and their physicians to the necessity of typhoid vaccination. In no civilized army will there

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ever be an epidemic of typhoid again. To die by typhoid is now left only to civilians. It is a crime to allow one's children to attend college without this protection. It has no discomfort or after-affects, costs but little and is absolutely effective.

TEMPLE OF PROSERPINA FOUND.

Prof. Boni, who is carrying out the excavations in the ruins on Palatine Hill, has located the imperial palaces of Nero and Caligula (Caius Caesar), and also that of Domitian of a later period. There have been found houses of the republican epoch. There is a network of pipes and drains and several circular rooms cut in the Tufa stone and lined with plaster to protect from dampness. This information comes from Rome Oct. 28. It will be interesting to medical men who are students of mythology that on Jan. 4, Boni discovered what was the center of the original city, a section consecrated to the goddess Proserpina. Here in temple, according to ancient Romans, the venerable Queen of the Shades ruled over the souls of the dead with Pluto. .

Our readers will call to mind the story of mythology that Proserpina was the daughter of Ceres, who was carried off by Pluto, whilst gathering flowers in the field of Enna. When her mother had discovered her, it was betrayed by some person, that she had eaten the seed of a pomegranate in the infernal regions and therefore could not be restored; but she afterward spent part of her time in the under world and part in the upper world. The mother wandered over the earth searching for her daughter in vain, and in her anguish, refusing food or drink, and threatening a famine for mankind, till Zeus agreed to allow Prosperpina in future to live half the years with her mother on earth. The other half she must remain with Pluto in the lower world. But a deeper meaning appears to be found in the myth by those who were initiated into the mysteries of Eleusis, in which seems to have been taught the principle of a new life after death, founded on the return of Proserpina to the upper world or rather on the process of nature by which seed sown in the ground must first die and rot before it can yield new life, a process which the annual going and coming of Proserpina was designed to illustrate. For favors, when leaving Eleusis, the mother gave to Triptolemus, the king's son, her chariot drawn by winged snakes, with the injunction to travel over the world teaching men to cultivate grain as she had begun to teach them.

S. E. E.

FROM A SUBSCRIBER.

Indianapolis, Dec. 31, 1913.

Dr. S. E. Earp, City.

My Dear Doctor: Enclosed find $1.00 for Medical Journal 1914. I like the Journal, not alone for the excellent medical help it gives, but its literary merit as well. You and Brayton make an excellent team. Success to Journal and a Happy New Year.

Fraternally yours,

GEO. H. F. HOUSE.

NEWS ITEMS.

As a result of a college romance that was begun while they were students together at Indiana University, the wedding of Dr. Asher McMahon of Memphis, Tenn., and Miss Geraldine Sembower, was celebrated in the First Methodist Church at Bloomington, Ind., Dec. 6. Dr. J. W. Jones officiating. Dr. and Mrs. McMahon are graduates of the class of '05.

A ten days' campaign to obtain money for Hope hospital, Fort Wayne, Ind., resulted in a total subscription of $78,000. All pledges were taken contingent on $75,000 being obtained. It is expected that the amount will eventually reach $100,000.

Dr. Charles S. Woods, former city sanitarian and an independent candidate for mayor of Indianapolis in the recent city election, left Indianapolis Dec. 28 to become professor of preventive medi-

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cine in the University of Iowa. The professorship carries with it a great deal of extension work.

At a recent meeting of the Indiana State Board of Health an order was issued that the New Albany water company build a new filtration plant. This action is taken under the new law and it is the first time the board has resorted to this measure.

Dr. E. E. Padgett announces that after January 1, 1914, his work will be confined to General and Abdominal Surgery, Gynecology and the Obstetrical Operations. Office, 610 Hume-Mansur Building. Hours 10-12, 2:30-4.

Dr. W. W. Vinnedge, of Lafayette, Ind., was injured December 3, when an automobile collided with his buggy. The injury is not dangerous, it is said.

Dr. Harry S. Mackey has been appointed physician at the workhouse and Dr. J. D. Nusbaum county health officer.

Dr. H. S. Thurston wishes to announce the removal of his office from the Willoughby to 624 Hume-Mansur Building.

Dr. H. G. Pierce, of Cloverdale, Ind., will do some post graduate work in Baltimore in February.

Dr. O. A. Byers, of Petersburg, Ind., visited friends in Indianapolis during the holidays.

Dr. John N. Hurty will deliver a course of lectures on hygiene at Austin, Texas, in February.

Dr. G. B. Jackson has returned from a visit of several weeks at Owensboro, Ky.

Dr. T. C. Hood visited friends in New York in January.

The Delaware county commissioners have appointed Dr. Herman S. Bowles as county health commissioner to succeed Dr. Hugh A. Cowing, who has served in the office for twenty-three years.

ANOTHER MEXICAN QUESTION.

The Mexican imbroglio has recently presented another question having to do with international law and obstetrics. On or about the 12th day of October last, near Eagle Pass, Texas, along the Mexican border, according to press dispatches, a crowd of refugees fled on foot into the United States from advancing Mexican troops. Among them was Alaria Hernandez, who had the night previously given birth to a child. In the detention camp at Eagle Pass, Texas, she gave birth to a second child. Thus the twins were born three days apart—one in Mexico, the other in the United States. When the immigration superintendent undertook to deport the band of refugees back into Mexico as undesirables his effort was halted—as to the twins and their mother—the second twin was a native American citizen and not deportable under our laws, and, since he could not be safely separated from his subsistence — his mother and lacteal supply, he and his fellow twin were perforce allowed to remain in the United States at their pleasure.

W. W. V.

SALVARSAN IN ACTINOMYCOSIS.

Actinomycosis is not an affection which one would expect to yield to salvarsan. Ehrlich, when asked about this relationship replied that he knew only of a few cases of improvement related by Umber. Nevertheless, Pfloeger, before a recent session of the Aertzlicher Verein, Munich (Munchener medizinische Wochenschrift, September 16), reported a clean-cut case of typical actinomycosis promptly cured by neosalvarsan. There was present a focal reaction. No benefit had accrued from a former course of potassium iodide. Stubenrauch had treated a case with the latter salt, salvarsan, and X-rays without making the slightest impression upon it.—Medical Record.

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BOOK AND JOURNAL REVIEWS.

The Practice of Medicine. By James Tyson, M. D., LL. D., and M. Howard Fussell, M. D. Sixth edition, revised and rewritten with six plates and 179 other illustrations. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut St., 1913.

This new edition of Tyson's "Practice of Medicine" will be welcomed by the medical profession. It has always been recognized as a standard publication. The author does not make a claim that what is said is based upon his personal experience only, for in these days of specialized work the field is too great, and he therefore takes from the ripe experience of others whatever he deems of value to this book. The illustrations are unsually good and not only explain the text but also aid materially the reader in obtaining a thorough understanding of the points in treatment and other things. We are glad that proper attention is given the metric system. Typhoid fever embraces a description of inoculation and vaccination and under syphilis, the treponema pallidum of Schaudinn is described together with the Wassermann test and the use of neosolvarsan. Mercury is not abandoned but on the contrary holds a very important place in treatment. Mediastinal disease is timely discussed. That portion relative to the disease of the heart and blood vessels is very complete and perhaps with good grace we might say that nothing important is omitted relative to the chest. The terms diabetes mellitus and glucosuria are not used interchangeably in accordance with an impression in vogue in some quarters. The author speaks of true diabetes mellitus which some have seen fit to designate as pancreatic glucosuria. Furthermore we find a consideration of glucosuria from disturbance of the pituitary body, from glucosuria due to disturbance of Cromaffin system, glucosuria resulting from nervous disturbances and from alimentary glucosuria. It is absolutely necessary to draw a fine line in such conditions otherwise there will be a false prognosis. The use of electricity in diseases of the nervous system is made clear. In the treatment of epilepsy antifebrin is mentioned. It is high time that scientific men favor such a term as acetanilid. What is said concerning the acute infectious diseases is of inestimable value, detail is used when necessary. Therapeutic nihilism is not characteristic of this author and while all means of treatment other than drugs is in no wise slighted, yet the drug treatment is so carefully given that both doctor and student would be better informed by seeking a betterment of their knowledge from the contents of this book.

S. E. EARP.

Treatment of Internal Diseases for Physicians and Students. By Prof. Norbert Ortner. Edited with additions by Nathaniel Bowditch Potter, M. D. Translated by Frederic H. Bartlett, M.D. Second edition in English. Revised and reset from the fifth German edition. J. B. Lippincott Company, publishers. Price, $5.00.

Relative to the text it may be said that as much of the pathological physiology of the various diseases is discussed as bears upon rational treatment. There are well presented mechanical, climatic, dietetic, hydro-therapeutic and other extra-medicinal methods. The applicability of drugs and the advantages of the same in the cure of disease together with many formulae favored by the author are found in this treatise. The experience of other prominent men is also drawn upon. Symptomatic treatment is liberally given. A successful effort has been made to adapt the text to the needs of the American student. The notes from clinicians of this and other countries are valuable.

Much is said about metabolism and well said. Too little attention has been given this subject by some authors. Fifty pages devoted to the genito-urinary tract is not too much. The fifty-four pages devoted to the blood includes

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chlorosis, anemia, lukemia, pseudoleukemia, plethora, polycythemia, hemophilia, purpura, hemorrhagica, scurvy, scrofula, myxedema, cretinism and exophthalmic goitre. Diseases of the chest and abdomen are so treated as to be full of information and interest. What is said relative to the acute infectious diseases is equal in value to other portions of the text. S. E. EARP.

Gonorrhea in Women. Its Pathology, Symptomatology, Diagnosis, and Treatment: Together with a review, of the rare varieties of the disease which occur in men, women and children. By Charles C. Norris, M.D., Instructor in Gynecology, at the University of Pennsylvania. Octavo of 521 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth $6.00 net: half morocco $7.50 net.

Anyone wishing to review the above named subject in its various phases can do no better than consult this book. Dr. Norris has placed before us in this volume an exceedingly comprehensive study of every phase of the subject and, moreover, he has been able to present the subject matter in a most interesting and systematic manner. The book comprises over 500 pages and is profusely illustrated from original drawings and microscopic studies conducted in the pathologic laboratory of the Gynecologic Department of the University of Pennsylvania, and contains a complete compilation of the literature on the subject of gonorrhea in women.

Some idea of the scope of the work may be obtained from the introductory, which was written by John G. Clark of Philadlephia.

In the chapter on Bacteriology and the Pathogenesis of Gonorrhea, the author has clearly described the best cultural and staining methods and traced the destructive effects of the gonococcus upon the pelvic organs and other tissues of the body.

On the chapter on Sociology, the relationship of gonorrhea to sterility and abortion is shown, besides the havoc wrought in the destruction of the eyesight of the new born infant.

An exceedingly instructive chapter is that dealing with the methods adopted by the governments of Europe and the Orient for the limitation and suppression of the social evil and the situation as it exists in the United States. The entire subject of municipal control is reviewed up to the present date.

The chapter devoted to the Operative Methods of Treatment is well worthy of special mention. The technic is explained in detail, both in the text and by illustrations, but the noteworthy feature is the author's remarks on conservative medical treatment before surgical intervention is undertaken. The inexperienced surgeon, who is prone to operate in gonorrheal infections, regardless of the stage of the disease, will find profitable reading in the part of this work devoted to the Medicinal Treatment of Gonorrhea.

The following opinion of Dr. Norris' book by Dr. J. G. Clark is worthy of repetition:

"The careful student will find that the author has written a highly instructive treatise, in which he has most satisfactorily encompassed the many aspects of this complicated question. He has reviewed in detail the several divergent sociologic views concerning the colossal evil and, as a commentary, offers judicious suggestions that will be of value to those who are endeavoring to find the best solution for these problems. Because of the broad and comprehensive character of the book, it will be of great value to the physician, the surgeon, the specialist, the legislator and the sociologist." A. W. B.

Progressive Medicine. Vol. XV. No. 4. Whole No. 60. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., assisted by Leighton F. Appleman, M.D. December 1, 1913. Lea & Febiger, Philadelphia and New York. Price, Six Dollars per annum.

The contributors to this volume are Joseph C. Bloodgood, Charles W. Bonney, John R. Bradford, Edward H. Goodman and H. R. M. Landis. Perhaps one of the

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most interesting portions of this issue is the one which relates to the surgery of the extremities, shock, anesthesia, infections, fractures and dislocations, and tumors.

The therapeutic referendum is especially valuable, attention is called to the fact of the importance of the initial dose of diphtheria antitoxin being large enough to neutralize the toxins rather than frequent doses. In mild cases 5000 to 10,000 units. Park insists in malignant cases to use intravenous administration. In this way 5,000 units has as much effect as 20,000 given subcutaneously. Belladonna according to Simpton, seems to be the most serviceable remedy in the incontinence of urine in children. He recommends 10 minims of the tincture two or three times daily increasing to 20 or 25 minims. In most instances 15 minims three times a day is sufficient, persisted in for a considerable length of time. Koryani suggests benzol in leukemia, uses of diuretin, emetine and picric acid are given. Chemotheropy is in evidence. Melubrin is mentioned for neuralgia. It is said to have similar effect to the salicylates in rheumatism. Wolverton believes that sparteine sulphate is the most reliable heart tonic. He recommends 1 to 2 grains every two to six hours. Many text books give the dose as 1/6 to ½ a grain. He thinks this entirely inadequate. The use of thyroid extract, tuberculin and vaccine is given more space than many other agents. The contributions to this volume are praiseworthy.

S. E. E.

Pyorrhea Alveolaris. By Friedrich Hecker, B. Sc., D.D.S., member of the Academy of Science, of St. Louis, etc. C. V. Mosby, St. Louis, publishers. 1913. Price, $2.00.

The frontispiece shows the artificial production of a case of pyorrhea in a guinea-pig, the first on record. The different varieties of the disease are discussed including the pathology. The autogenous vaccine treatment is given consideration. The chapters devoted to bacteriology and pathology are interesting and instructive in fact this might well be said of the contents from cover to cover.

S. E. E.

International Clinics, a quarterly of illustrated clinical lectures and especially prepared original articles on every department of medicine and surgery. Edited by Henry W. Cattell, A.M., M.D., and prominent collaborators. Vol. IV. Twenty-third series, 1913. J. B. Lippincott Company, Philadelphia and London. Price, $2.00.

Comment upon this publication is necessarily favorable. No volume is a disappointment. There is always matter which is up-to-date and eminently practical. For instance we note the contribution by Hoyt which relates to the management of common forms of poisoning. We especially commend to our readers the discussion of the newer methods in the treatment of neuritis by Hirsh. It has six splendid plates which are helpful to the reader. The department of medicine is full of good things. The interpretation of dreams based on various motives will be interesting to those who are seeking light in neurology and the surgical report by Skillern will equally interest with gunshot wounds by Gaston or the treatment of hemorrhoids by Asman. The contributors to eugenics are Bowers and Wellstein, both of whom present live subjects.

S. E. EARP.

E. Merck's Annual Report. 1912. Volume XXVI. Published by E. Merck, Chemical Works, Darmstadt. 1913.

We find in this publication a review of the recent advances in pharmaceutical chemistry and therapeutics. There are many pages devoted to preparations and drugs, then comes an index of diseases, symptoms and indications for treatment and finally an index of authors. The supplement contains a contribution by Professor R. Heinz, director of the pharmacological institute of the University of Erlangen, on the assay and standardization of digitalis preparations.

S. E. E.

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ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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ORIGINAL COMMUNICATIONS.

THE CHRONIC SUPPURATING EAR.

Prophylaxis and Treatment With Report of Case.*

By W. S. Tomlin, M. D., Indianapolis.

The dividing line between acute and chronic suppuration in the ear is based both on lapse of time and pathology. Ordinarily a continuation of the usual pathologic processes in a discharging ear suffices to bring about one or more of those conditions of hyperplasia, granulomata, polypi, cholesteatoma and osteitis which stamp the case as of chronic nature in about three months. However, some cases owing to the factors of varied infection, modified resistance of tissue and the composite of hygienic regime are as much entitled to this diagnosis in four weeks as are others in as many months. In this connection also should be mentioned that proper prophylaxis in treatment of an established acute case may so retard infection and so support the patient both locally and generally that while the discharge may yet continue after several months it is to be designated as chronic only from the lapse of time. The first consideration in the prophylaxis of a chronic inflammation, of course, lies in preventing the acute one but this discussion takes up its limit just beyond that point and presupposes an established suppuration.

There is a class of cases, a small one, that is chronic from the beginning or more properly speaking the apparent beginning. It may be in some of them that symptoms and signs are overlooked in the very young and are of such small disturbance in the older that they have passed without note or have been forgotten or the pain has been slight and

*Read before the Indianapolis Medical Society, Jan. 13, 1914.

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evanescent and the discharge so scant as to be regarded as only excessive cerumen. In addition to this there are undoubtedly cases of suppurating otitis media where the eustachian outlet is sufficient to accommodate the discharge for a varying period of time and the first examination of a recent externally discharging ear reveals the unmistakable evidence of long continued tissue changes.

These cases aside, our first duty in prophylaxis is to provide free drainage both externally and internally. Small tympanic perforations especially when high up should be enlarged, made of semilunar shape and made to reach the floor of the external canal. Obstructions to the eustachian tube direct and indirect by reason of adenoids, tonsils and nasal obstructions which may be maintaining congestion and leading to hypertrophy and hyperplasia in the epipharynx should be most earnestly sought and when found eradicated. Absolute asepsis in so near as is possible must be maintained in the external and middle ear. This is neither to be obtained nor continued with douches or powders either separately or combined. The writer would venture the assertion that the number of acute cases that have proceeded to chronicity by the douche and powder route is exceeded only by those of neglect and septic manipulation. Gentle touching of secretions with aseptic dossils of cotton or gauze suffice in the best way to remove them. They may be softened with limited application in the same way of peroxide, alcohol or one of the digestive solutions. Mopping or swabbing the parts only serves to rub the discharge deeper into the mucous membrane and skin and leads the way to congestion and hypertrophy directly or by way of furunculosis. A few applications of phenol in glycerine in the beginning of treatment may serve usefully to thin the flow, reduce the edema, pain and itching but should promptly give way to plain asepsis and dry on medicated gauze carefully inserted without friction and left touching the drum without pressure.

The diagnosis of chronic suppurative otitis media to be useful must reveal the cause both of the suppuration and its chronicity. Much of valuable information is to be deduced from the location of the perforation and not to proceed far into what is explained in a number of good text books allow me to emphasize the proven facts that marginal perforations indicate osteitis, that one in Shapnel's membrane usually indicates necrosis of ossicles and emanation from the mastoid cells and that anterior ones point to infection and reinfection from the eustachian route. The main source of discharge may be from the drum membrane, almost, if not exclusively, or in other cases the two comprising only a small percentage, it may have its cause restricted to the tympanum but in both of these the whole quantity of discharge is comparatively small. Granulomata and polypi may make the points of resistance against drainage in either direction. They may be on the drum, or within it or on the wall of the external ear and what should not be overlooked they may be near or within the eustachian foraman and there continuing, render futile all efforts in other directions to obtain a cessation of the suppurative process. On account of its immense importance even at the expense of seeming trite, the writer again calls attention to the anatomy of the superior wall of the external ear which forms a part of the floor of the middle fossa and that polypi or tissue changes there may proceed from or communicate through dehiscence of bone with the brain cavity and, therefore, to repeat the caution of chariness in disturbing them at least without being prepared to follow up the uncovered pathology with appropriate additional surgery without any delay. Also with the same reservation to instance that simple traction on a tympanic protruding polypus may serve to open a tunnel to the meninges and be followed with a quickly fatal inflammation there and therefore the marked dif-

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ference in methods of snaring here and in other locations.

Polypi in and about the middle ear are of very great importance and should be promptly removed, with possible rare exceptions, for they are prolific causes of periostitis and bone necrosis. Also in the same category is cholesteatoma which demands prompt removal and ablation of its source of formation.

For the cessation of external aural discharge eustachian drainage is absolutely necessary in all conditions short of allation of the tympanum. The very wide variation in the causes of defective eustachian drainage not infrequently calls for the very highest degree of diagnostic acumen and for their removal but few ranges in special practice offer a more exhaustive test or promise more beneficial and sometimes brilliant results for scientific ingenuity and skilful technique. For instance granuloma located at or within the tympanic end of the tube may prove resistant to treatment and promptly repeat recurrence on careful removal and seem to be the pathologic basis of failure when a series of correct inductions call for the removal of a nasal obstruction. It may be of seeming minor importance, and then congestion throughout the tube subsides from corrected atmospheric pressure and attendant modified relations and secretions in the epipharynx and lo! there is spontaneous and speedy restitution at the superior eustachian region and the case proceeds promptly to recovery. Following the same kind of scientific and practical inference one may detect a stricture low down in the tube or careful inspection by means of a nasopharyngoscope or Yankauers speculum may show adenoid tissue pressing upon or acting as a contrary valve in the pharyngeal meatus, or maybe a malformation of it or a new growth about the same region. An enlarged tonsil or a smaller submerged one may be distorting and modifying the function of the lower outlet or so displacing the palatopharyngeus muscle that the physiologic opening and closing of the tube is deranged from the degree of disturbed synchronicity to that of total absence. Further than this, and not infrequent by any means, is another pathologic sequence in which some of these factors serve to maintain a constant flaring of the pharyngeal opening and thus infection from the nasopharynx has an easy inviting route to the rest of the middle ear and the patient will tell his attendant that with very slight attempts at blowing the nose and on sneezing he feels the evidence of air entering the tympanum in large quantity. Mere swelling around the tube must not be taken as evidence of pathology there but as a basic point to start from in seeking causes. A salpingitis limited to itself is rare indeed, but its possibility should not be forgotten.

Infectious discharges and conditions in the nose and its sinuses and in the pharynx that render the lasting relief from aural suppuration like rolling the stone of Sisyphus should be sought with patient persevering care and attacked with the best and all the scientifically practical means at command.

Chronic aural suppuration very frequently associated with chronic mastoiditis with few and rare exceptions calls for a mastoid operation. Two indications in chief govern, to correct the process and to preserve and to restore as far as possible, the hearing. A cholesteatoma having its origin beyond reach through the external canal is prime demand for further attack. The presence of fistula is debatable as an indication for delay or further procedures and while it would be out of place here to attempt outlining the means of its diagnosis through atmospheric condensation and rarefaction and their association with dizziness and nystagmus actuated through Deiter's nucleus or to quote from authors and teachers opinions all based upon experience, observation, and judgment and while coming from high authorities differing in both major and minor conclusions, suffice it to say that in the writer's opinion but few questions in otology are

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harder to answer or have more depending on the course following and perhaps neither delay nor action in justice to both patient and attendant can be undertaken with less than two consultants.

As an interesting case presenting so many phases and bearing so directly on the discussion here made allow me to report briefly the following referred by a confrere in one of our nearby towns.

Miss L., age 28, of healthy American parentage and home surroundings of the best. Height 5 feet 6 inches, weight 114 pounds. Skin pale and sallow. Pulse 96 and feeble. Temperature 98. Appetite good and digestion termed fair. As young child had measles and scarlet fever the latter severe at 7 years of age since which time has continued her present discharging ears for which she was referred to my associate and myself Sept., 1912.

Examination showed a mucopurulent discharge from both ears more profuse and more largely pustular from the left. A number of small reddish granulomata in the depths of botn canals, on the right side adherent to anterior wall close to remains of drum and on the left side attached to superior wall and extending from margin of drum remnant outwards about one centimeter. Hearing—right ear 30/40, left ear 20/40 through air conduction. To avoid technicality, hearing through bone conduction was slightly better than through air on the right side and almost twice as long on the left side. In fine, the reduced power of hearing was due to conditions of the middle ears and not of the auditory nerves.

The pharynx showed tonsils degenerate somewhat large of soft consistency. Adenoid tissue in epipharynx of small quantity but in close relation to eustachian openings. Both nasal passages partially occluded with numerous small polypi proceeding from ethmoid regions with moderate mucopurulent discharge from either side.

Notwithstanding the frank severity and chroncity of conditions the patient and parents had not been convinced of seriousness and submitted to restricted adenectomy as the first step with some reluctance. Local applications and dressings of the ears produced some amelioration of the discharge and one month later in Oct., 1912, the nasal polypi were removed. Further reduction of the aural discharges followed with local dry treatment of the ears and there was some reduction in the granulomata on the right side but the process was more obdurate in the left ear. Six weeks later the patient was persuaded to double ethmoidectomy which was done with careful curettement and there followed further improvement in the aural discharges and some shrinking of the granulomata. In December, 1912, the patient submitted to operation on the remaining aural granulomata. On the right side no special difficulty was found but careful repeated examination on the left side indicated that there was dehiscence of bone in the superior wall and that only soft tissue separated the external canal from the brain cavity. Very gentle manipulation of the snare served to level the plane of this wall and to open for inspection and treatment a necrotic process in the short process of the malleus which healed with remarkable rapidity during the next four weeks. On the right side a discharge, now largely mucoid, continued until under local anesthesia a curettement was made of the upper eustachian tube through the drum opening removing granulomatous masses there and providing drainage after which the discharge ceased in about two weeks and both ears were dry and comfortable for the first time in twenty-one years. During this time of treatment weight increased 21 lbs. and patient when seen a few weeks ago, ten months after tentative discharge continued in enviable good general health with hearing 35/40 for both ears.

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HERNIA THROUGH THE ESOPHAGEAL OPENING IN THE DIAPHRAGM—CASE REPORT.*

By W. F. Batman, M. D., Ladoga, Ind.

This report of the case of Leaton Daugherty, a veterinary surgeon, is a most interesting one and worthy of thoughtful consideration, though so rare that few practitioners are ever called upon to treat one like it.

The condition was a hernia through the esophageal opening in the diaphragm. As is well known, there are three large openings in the diaphragm, one for the aorta, one for the vena cava and a third for the esophagus. The first two are surrounded by tendon, but the esophagus and both vagus nerves pass through an opening in the muscular tissue of the diaphragm.

This espohageal opening is slightly to the left of the center of this great musculo tendonous partition that separates the two largest cavities of the human body, the thorax and the abdomen.

This muscular opening is a wise provision of nature to prevent danger that might arise in the process of swallowing food, but the absence of the tendonous structure makes the opening weaker than the openings for the vein and artery already mentioned.

The man whose case we are considering comes from healthy parentage; his father died at the age of seventy and his mother is still living at the age of sixty-nine years. A brother and a sister now living and in good health; another brother died last spring at the age of thirty-five his death being due to an infection contracted from animals being treated by him in his veterinary practice.

I have known this patient for thirty years and he never had any sickness and there is no disease in his system now except the condition due to this hernia.

He has a light complexion, blue eyes, a sanguine temperament and a muscular figure. His highest weight was 190 pounds, his lowest 110, and that was reached just before he was operated upon one year ago last August. His height is five feet, ten and one-half inches.

Until he began the study of his profession, he was a farmer. He was married in 1897 and has one child, a healthy daughter fourteen years old.

He believes this hernia was caused by an accident in the year 1895 when a horse he was riding threw him over a fence and his head and shoulders struck the ground first. It was just after this accident that the patient first felt the pain and had symptoms such as were later traced to this hernia.

In 1896 he called me to see him. He had been shoveling corn up into a high crib. After that he had various attacks of the pain, always coming after he had been lifting something; I recall that once I was called to see him after he had been shaking carpet and rugs. These attacks would last from a few hours up to twenty-four hours. The pain was always severe and a few times he showed shock and collapse.

The symptoms of the attacks, as he gave them to me in writing, were as follows: the pain came on slowly; first there was a slight dizziness and the pain followed, sometimes being only slight and again being so severe as to be almost unendurable, Most of the pain was below the diaphragm and until late in his case there were few symptoms shown about the lungs or heart.

Anything taken into the stomach during the attacks increased the pain and when hiccoughs followed, as was frequently the case, the paroxysm of pain would be very severe. During these attacks the patient would bend over and feel that he could not straighten up, but no position of his body would make the pain much less severe. For several

*Read before the Montgomery County Medical Society. Dec. 16, 1913.

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years he could not lie on his back to sleep for that position caused him pain.

When he could expel the gas from his stomach or vomit a little the pain would suddenly leave him and show itself no more until something caused another attack. Sometimes he would feel the pain or a sort of uneasiness at night especially when he had been lying on his back for awhile, but the symptoms soon left, if he would get up and walk for a short time.

The attacks, which at first came on only a few times in a year, became gradually more frequent but until he began to lose weight I thought the attacks due to errors in diet.

In 1910 he showed that the stomach was not digesting the food properly and when this indigestion manifested itself, he, for the first time began to look like a sick man.

In 1909-10 he attended his first term of school at Chicago and did the required work, but when he came home in the spring, I saw that he did not look so well as when he had gone to Chicago, but he had no fever and there was soreness of the stomach only a few times.

During that summer 1910, we analyzed his symptoms carefully and arrived at the conclusion that there was a serious condition about the stomach, but never reached a definite decision as to what it was. We advised him to consult some good medical men when he returned to school at Chicago in the fall of 1910, in order to get, if possible, a correct diagnosis of his case. He consulted two physicians and a surgeon of note and was examined by them but they did not succeed in diagnosis nor get any very good results by treating the case.

In November of that fall, the patient had one of the most severe attacks of pain he had ever experienced, extending through a period of twenty-four hours. All the food he ate gave him distress. Whenever he stooped over a table or reclined on his back the symptoms appeared and he was compelled to maintain an erect or semi-erect position.

He lost flesh rapidly and when he returned home to spend the holidays he weighed but 115 pounds. I was called to see him then on New Year's day 1911, and will now give you an account of an attack of sickness that lasted thirty days.

He first told me his experience with the Chicago physicians, each made a different diagnosis, and of course all were wrong. The patient's appetite was good but all he ate gave him such distress that he insisted on being given hypodermic injections or morphia to lessen the severity of his pain. He was so emaciated and weak that when he would raise himself in bed he would sometimes faint and fall back. I was a witness to this, more than once.

Dr. Price and Dr. Peacock went with me to visit this patient and his condition had reached a stage that made me fear he would never improve and might lose his life.

A trained nurse was called. She used the stomach tube to draw away the gas and stagnant fluid and foods from his stomach. This gave him ease without the use of medicine.

I put him on a liquid diet and in about a week the food began to pass on through the stomach and bowels.

Now, with the help of the trained nurse and the use of the stomach tube his condition was improved. This was the first time the stomach tube had been used in this case and I firmly believe that without its use at this time the patient would have lost his life.

It should always be remembered that the gas from fermentations will paralyze the muscles of any organ until it cannot perform its function.

The patient gained enough strength by the end of thirty days that he could walk about and by fall was able to go back to Chicago and finish his course in school and in the spring of 1912 he graduated.

During that winter of 1911-12 the pa-

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tient was under the care of a good physician. This physician was chosen by an uncle of Mr. Daugherty's, who was well acquainted in Chicago. This doctor said the patient had a dislocated stomach, as near a correct diagnosis as had yet been made, and by diet and medicine and good management the patient was kept in fairly good condition all winter.

After graduating he located in an Illinois town, but after two months' practice he lost his strength, had to give up and came back to Danville, Indiana. He consulted two physicians there but in spite of their best endeavors to help him, he lost strength until his condition became alarming.

He came back to me, August 1, 1912, and at once I became active and upon my advice he consented to submit to laparotomy, and we selected Dr. J. C. Sexton, of Rushville, Ind., for counsel. We met him at his Indianapolis office and he advised an immediate operation for the relief of a man slowly starving to death.

At the Methodist Hospital in Indianapolis the operation was performed August 9th. The surgeon made an incision to the right of the median line, lifting up the pylorus and finding nothing wrong with it, examined the gallbladder, and ducts and found them normal. He found the duodenum to be dilated and somewhat twisted, he divided a layer of peritoneum, sometimes called the ligament of Trietz, and relieved this stricture of the duodenum.

He then commenced exploring for the stomach and remarked to Dr. Heighway and myself that the stomach seemed to be lost. The surgeon then enlarged the incision and introduced his entire hand and passing it around the larger curvature of the stomach, he found it above the espohageal opening in the diaphragm. When the stomach was drawn into view it was found to be dilated to twice its normal size and on the peritoneal surface showed the effects of its struggle to free itself to do its work.

The surgeon then performed the operation, gastro-jejunostomy, suturing the stomach to the parietal and transversalis fascia, doing his best to hold the stomach down from the hernial opening. He devised the operation after learning the exact condition of the stomach and the opening in the diaphragm. The patient was able to leave the hospital at the end of two weeks and has gained fifty pounds in weight. He is now practicing his profession at Danville, Indiana, has had very little pain since the operation, hardly ever uses the stomach tube and is so much better that he is satisfied with his condition.

A skiagraph taken by Dr. A. M. Cole shows the fundus of the stomach in and above the esophageal opening. This skiagraph was taken a few months after the operation.

In his book on surgery S. D. Gross describes this form of hernia, reporting two cases that he had seen, one resulting from a stab wound, another from a fall from a third story window; both were post mortem findings.

W. H. Welsh. of Johns Hopkins, says it is the most common form of diaphramatic hernia. All other authorities acknowledge that it is frequently a congenital defect and that a certain per cent. of infants succumb to it.

Da Costa's surgery says that McKenzie, Battle, Mikulicz, Humbert and the the Mayos have all opened the chest and closed the hernial opening with sutures and I will advise this patient to have this operation performed if he experiences severe pain again.

Up to the time the X-rays were introduced in surgery the only accurate information in such cases was obtained by postmortem or operations, but now, all cases can be diagnosed by a good skiagraph properly interpreted.

The symptoms that I have narrated indicate a hernia. The attacks of pain without fever or the manifestation of a structural lesion, and the hiccough show the diaphragm to be involved, so we may surmise a diagnosis by such symptoms. have a skiagraph made and then operate before the patient gets into a condition such as the one I have described.

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THE PROPER ADMINISTRATION OF ETHER AND CHLOROFORM.

By Raymond Clyde Wolfe, M. D., Chillicothe, Mo.

(This thesis prepared under the preceptorship of Dr. Chas. R. Sowder, with an interneship for the years 1911-12-13, at St. Anthony Hospital, Terre Haute. Ind., was submitted for the degree M. D. cum laude, which was granted by Indiana University.)

In speaking of anesthesia, conducted with ether or choloroform, one is not so impressed with the immediate danger concerning the life of the patient from the anesthetic as from the profound intoxication for which it is responsible.

In the field of major operations the post operative picture is to a marked degree overshadowed by the symptoms resulting from the surgical procedure itself and the post-anesthetic conditions are not clearly differentiated. We lose sight of the fact that patients who are anesthetized and operated upon have been the recipient of two distinct yet totally different insults,[1] the surgical procedure and the anesthetic, and of the two the latter is often more severe. The great thirst, dry mouth, nausea, intestinal disturbances including fermentation, gastric dilatation, constipation, scanty urine, are all post-anesthetic conditions and are most distressing to the patient.

It can not be too frequently insisted that the anesthetist give his entire attention to the work which he is doing. This implies that he should be constantly watching the respiration in order to detect the first symptom of any failure of that function. Every expiration of the patient should be either heard or felt by the anesthetist. To rely on hearing or feeling the respiration is preferable to watching the rise and fall of the abdomen, for it may be said that these movements may continue even when the passage of air through the larynx has ceased.[1] Dusky appearance of the lips and ears is also an evidence that respiration is becoming embarrassed. Should breathing become rapid and shallow the anesthetist should be on the alert lest it cease entirely. While it is the duty of the anesthetist to keep the patient so far under the influence of the anesthetic that the patient will not move during the operation, at the same time it must be remembered that either should not be pushed beyond this point.[2]

It has also been stated that the anesthetist should never look at the field of operation, but should keep his eyes riveted on the patient's face. This is a serious mistake, for unless one keeps in touch with the operation he can not interpret changes in the circulation and respiration which are directly due to the operative procedure. Neither can he determine the degree of narcosis indicated for the operation in hand throughout, or at different periods, and the patient is kept either too profoundly asleep or moves or shows signs of insufficient anesthesia at a most inopportune moment. I do not mean, however, that every step of the operation should be watched, but an occasional glance at the operative field will keep one informed.

Reflexes and respiratory inhibitions are of great importance and should be understood by surgeons and anesthetists. Modified respiration, due to peripheral impulse, is well demonstrated in exploratory laparotomies, as the examining hand passes from one region to another. Increased, but noiseless respiration is immediately produced on contact with the peritoneum, manipulations about the diaphragm cause noisy expiration, manipulations about the perlis, rectum and anus, cause a prolonged inspiration, while explosive expiration is caused by manipulation of the intestine in replacing it within the abdominal cavity. Surgeons usually attribute the difficulty to imperfect narcosis, but if they will cease manipulations for a few moments, reflex action disappears and they experience no trouble in replacing the bowel. It is to be remembered that in profound anesthesia the last reflexes to

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disappear are those of the rectum, genitalia and cornea.

Ether produces a transient stimulation of the central nervous system and heart. Progressive action causes paralysis, first of the higher centres, then of the spinal cord and last the medullary centres.[3]

The heart is disturbed if respiration is disturbed. With cerebral excitement the heart is rapid. As the surgical degree of anesthesia is reached the heart slows, the pulse is full and regular and so remains unless a condition of shock occurs. The pupils contract and so remain and the danger signals not to be disregarded are hiccough or pupilary dilatation.

Deaths under etherization are due to acapnia, that is to say, an absence in the blood of CO_2, which has been removed by the rapid breathing, and which is generally recognized by physiologists[4] as being the normal stimulus to the respiratory centre. Deaths are far more likely to occur during the anesthesia where the patient has struggled violently against it, or when preceding the anesthesia, either on account of nervousness and apprehension, or on account of pain, there is a diminuation in the amount of CO_2 in the blood, thus producing the acapnia.

It is impossible to predict, in these cases, whether the respiration or the circulation will be the first to suffer, for in some cases one, and in some cases the other, will feel the effect of the anesthetic. For this reason the anesthetist should use extreme caution in regard to the use of an anesthetic. He should, furthermore, in giving the anesthetic, use great care to have the patient inhale it without unnecessary excitement, should endeavor to avoid having him antagonize its administration by struggles and resistance, and should endeavor to get him fully under the influence of the anesthetic as quickly as is reasonably possible, should not allow him to come partially out from the influence of the anesthetic: but should hold him under full but not too deep anesthesia until the anesthetic may be entirely withdrawn.

Concerning the use of drugs previous to anesthesia we hear many ayes and nays,[5] the latter contending that there is a masking of the most valuable of all guides in anesthesia, namely the pupilary reaction, the disadvantage of patients remaining asleep after operation, and the ill effects of those unable to take morphine.

As the greatest dread of the operation comes an hour before the patient is taken into the operating room, any method that would quiet him and cause him to become indifferent is welcomed. Also any method that would diminish the amount of ether or chloroform necessary to carry through the operation is welcomed, the danger from large amounts of ether or the prolonged use of chloroform being more and more recognized by the profession. Other patients fear the suffocating sensations of the first stage of anesthesia from ether or chloroform (this is not much in evidence if they are properly administered) more than they do the operation. Consequently any method that is wont to lessen the fear of the anesthetic so that it is inhaled with a feeling of indifference is also welcomed.

Again it is a fact that fear, dread, nervous excitation and sleeplessness all tend to cause hypersecretion of the thyroid. This throws a nervous and cardiac stimulant, a vaso dilator, into the blood in more or less large amounts, all of which is undesirable before an operation.[6]

The disadvantages are not to be lost sight of, for during ether and chloroform anesthesia uncombined with other narcotics, the signs and symptoms of over action or bad action of these two anesthetics are distinctly and immediately evident. If the pupils are dilated by atropine the anesthetist can not tell whether the patient's eye is more or less paralized by the anesthetic or due to the atropine so that the anesthetist has not the facial evidence of failing heart or

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failing respiration, paleness in one and bluing in the other. If the pulse becomes very rapid the anesthetist realizes that the heart is becoming weak. If made rapid by other narcotics he can not recognize this coming weakness.

Yet these objectionable considerations may not become objectionable if the anesthetist is so skilled and has had sufficient experience in the combination of the alkaloidal and vapor anesthetic as to understand well each symptom and its degree. Chloroform may be used to initiate the subsequent anesthesia, to be continued with ether, still the advantages from injections of morphine and atropine are many times so great that they overrule all objections to their nonuse.

Anesthesias following alkaloidal injections of ¼ gr. morphine, 1/150 atropine speak for themselves. The patient is under the influence of the anesthetic much sooner, less anesthetic is used, the patient can be controlled much more easily, the throat is free of any mucus, the breathing is clear and soft, the post operative nausea and vomiting is markedly decreased. With the throat filled with mucus the anesthetist must at times be swabbling the patient's mouth. This causes an interruption in the administration of the anesthetic and unless done with care is painful to the patient afterward. After the use of morphine and atropine it is much easier to maintain the surgical degree of anesthesia, if for some reason the anesthetic has been interrupted, than with patients who have not had the alkaloids. Also in an anesthesia conducted slowly and carefully after the akaloidal injection the exciting stage is markedly lessened and many times the surgical stage of anesthesia is reached with no exciting stage at all.

At a reasonable time before the operation, if possible, acquaint yourself with the patient you are to anesthetize, win his confidence and your work is not half so hard. An uranalysis is always desirable. Note also the condition of the heart and lungs, the blood vessel walls and the bood pressure.

Granted all previous preparations have been made, bowels emptied, urine passed, the alkaloids (morphine ¼, atropine 1/150) inpected ½ to one hour previous, teeth on plates removed, begin the anesthesia.

For the administration of ether many forms of masks have been devised and are in use. My experience has been with the Schimmelbusch mask covered with two layers of gauze. An ideal dropper may be easily made by inserting a small safety pin through the soft cap of an ether can and fastening in place. In such a manner the ether drop method is used altogether.

With the patient's face well greased with cold cream or vaseline, the eyes protected with cotton pads saturated with boracic acid and covered with a folded towel, the hair bound up under a towel pinned about the head, begin administering the anesthetic slowly. Hold the mask at least five inches away from the face. In this way the patient breathes, at first, considerable free air with the result that the mucous membranes of the mouth and pharynx are anesthetized by the vapor, and the lungs accustom themselves to the effect of the anesthetic. Slowly and carefully allow the mask to approach the face and in the majority of cases I have found by the time the mask rests on the face the first stage of anesthesia has passed. Lay a towel folded twice lengthwise across the chin under the mask folding the ends in a latter X across the top of the head. This will form a pad over the chin and absorbs any slight excess of ether. When the surgical stage of anesthesia has been reached, place shoulder blades in position and move the patient into the operating room.

The mask is now supported by the thumb and index finger, while the ring finger is free to determine the pulse from the facial artery where it crosses the inferior maxilla, and the little finger holds forward the lower jaw at its

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angle. The eye and ear note the respiration and the administration of the ether must be continued drop by drop. If one adheres strictly to the drop ether method the administration of the anesthetic may be so governed that the patient is just within the surgical stage of anesthesia. Remove the mask and anesthetic while the last stitches are being placed, cleanse the patient's face, the eyes with boracic acid, turn the head to the right, watching carefully the pulse and respiration. Belching of gas or slight vomiting may or may not occur. After conducting the anesthesia strictly by the drop method there is in the great majority of cases no post operative nausea and the patient should be able to respond to a question by the time he is placed in bed.

There are some conditions where etherization is contraindicated, such for instance as patients who have—

1. Diseased lungs or kidneys.
2. Been addicted to alcohol.
3. High blood pressure.
4. Any atheromatous condition of the arteries.

For those cases in which ether is contra-indicated, choloroform may be substituted. This drug, a much more powerful one than ether, should likewise be administered with the greatest caution, chloroform should be given by single drops, slowly and carefully until the patient is anesthetized, then generally lessened.

There is at first a decrease in the ventricular contractions which later recovers and remains improved during careful anesthesia. On the nervous system it acts primarily on the higher centres of the brain and for this reason is useful as an anesthetic. On the centres of sensation and intellection its effect is strongly noticeable at first and the respiatory centre is affected secondarily. Chloroform when administered passes from the air in the lungs to the blood of the capillaries, and with equal facility passes back again from the blood to the air of the lungs when it is chloroform no longer. In this way choloroform is quickly and readily eliminated from the body when its inhalation is discontinued.

Much discussion has been held in regard to whether deaths from choloroform are due to paralysis of the heart or respiration. When a very strong vapor is administered at first, the heart may stop through excessive stimulation of the vagus centre. If the amount administered is not sufficiently strong to produce death in this way, it may produce it by direct action on the heart muscle. When excessive amounts are administered there is a notable diminution of blood pressure, so that this with impaired heart action is likely to produce paralysis of respiration.[7]

For the administration of chloroform I have always used a small light wire mask and one layer of gauze. Do not cover the mask or face with towels, administer the chloroform a drop at a time and a one per cent. vapor is sufficiently strong to produce surgical anesthesia.

Like ether, chloroform has its contra-indications and should not be used in such cases as patients having—

1. Weak circulation, conditions of shock.
2. Need of long operations.
3. Head and shoulders raised.
4. Prolonged septic processes.

Ever since these two anesthetics made their almost simultaneous appearance there has been more or less controversy as to which is preferable and which the safer. The particular indications and contra-indications for ether and choloroform have already been stated. There have been many carefully investigated statistics offered, both early and more recently, and the ratio of deaths from the two anesthetics remains about the same.[8] Doubtless this ratio is unfair to chloroform because there are either deaths from bronchitis and pneumonia which are not recorded as ether deaths. Also the statistics are unfair from the fact that a careless or unskilled anesthetist may use ether with impunity, but chloroform with dire results.

From these accumulated statistics it

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seems that there is one chloroform death in each 2,000 anesthesias, and one ether death in each 10,000; i. e., chloroform, as used is five times as dangerous as is ether. Again, however, it should be suggested that the statistics of etherizations generally come mostly from hospitals where the anesthetist is now generally skilled in the art of administering anesthetics, while chloroform is administered for short anesthesias by any one in any place and without his having special knowledge of anesthesia.

Withal, we may conclude that with a carefully, well regulated, slowly administered anesthetic, using strictly the drop method be it ether or chloroform the post anesthetic conditions of nausea, vomiting, etc., should be entirely eliminated from the post operative conditions.

References:

1 Hewitt.

2 Gatch.

3 Henderson.

4 Levy.

5 Bernard, Gatch, Roberts, Crile, Herb, Bevan.

6 Schneiderin.

7 Poppert.

8 Hewitt, Crile, Magaw, Holscher, Hutchins.

9 Hewitt.

Pituitary Extract.—F. C. Harrison, in The Archives of Internal Medicine on the use of pituitary extracts in obstetrics. He believes that "it has been so extensively used, that a study of the large number of papers and cases now published enables one to formulate with considerable precision rules for its employment. His conclusions are (1) Pituitary is of great value in cases of weakness in uterine movement after the soft parts are well dilated. Failure in these cases is rare, probably less than one per cent. The later in labor, but before delivery, the more striking the effect. The danger to the mother and child is very slight. (2) As an addition to some mechanical method, e. g., the Champetier de Ribes bag, it is of great value in bringing on premature labor or abortion. In the former case it may be sufficient in itself, but there is some risk of tetanus of the cervix, or of the uterus, especially when repeated injections are required. (3) For delivery of the placenta, its use is accompanied by the danger of tetanus uteri and retention. (4) In postpartum hemorrhage, a considerable percentage of failure may be expected. When a need for a uterine stimulant arises, in cases conforming to these indications, he believes that pituitary extract is of the greatest value.

The New York Medical Journal of September 13, calls attention to the dangers of pituitary extract in obstetrics, stating that while in general its oxytocic powers rival and in some cases exceed those of ergot, the precise field of its application, and relative value are still subjudice. While the drug has usually been found to produce powerful intermittent uterine contractions, Edgar found that these theoretically intermittent contractions approached practically, in the face of resistance, a continuous character, and must therefore be reckoned with as capable of introducing danger in the use of the drug. Among thirty-nine cases of inertia in the first and second stages of labor, under Edgar's observation, two and probably four stillbirths resulted from the administration of pituitary extract before complete dilation of the os. His conclusion is that pituitary extract should never be administered to overcome inertia in any stage of labor, unless anesthesia can be immediately instituted, and preparations have been made for immediate operative delivery, if this should be required. —Cleveland Medical Journal.

Smith—How old is this Dr. Brown?

Jones—Why, I'm not sure. What does his card say?

Smith—Just "Dr. Brown."

Jones—Oh, he must be quite old. If he were a young doctor it would say, "Dr. Brown, Physician and Surgeon."

J. A. M. A.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

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ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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DEATH OF DR. SILAS WIER MITCHELL, OF PHILADELPHIA.

The Indianapolis Medical Journal, old and new, throughout its existence of thirty years, has not been unmindful of the life and works of Dr. Mitchell—"Wier Mitchell" as in later years he has signed his correspondence. The writer received an appreciative recognition written only a few days before his death of the memorial prepared in honor of the late Dr. J. L. Thompson and his son, Dr. Daniel B. Thompson, in which he said that he had "read the history of this eminent surgeon with great pleasure." The note is signed "Wier Mitchell," in his quick nervous hand, and is now in the possession of Dr. J. L. Thompson's daughter, the wife of Dr. John H. Oliver, of Indianapolis.

One of Dr. Mitchell's most notable cases was for long a resident of Indianapolis—a patient with hysterical contractions of the arms and legs; the legs were straightened by the late Horace R. Allen, of Indianapolis, by cutting the tendons and with good results. The description with photographs occupied nearly a score of pages of one of Dr. Mitchell's books. She was long under the care of Dr. W. B. Fletcher and Dr. A. Maxwell, of Indianapolis, and was restored to health and comfort. Dr. Mitchell closed the description by saying that probably if her disorder had been early recognized and treated along the lines of hysteria of the young she might have escaped these years of misery. It was a great case and its full report taught a great lesson.

A third personal incident was the hearing of a paper on "Instruments of Precision used in Medicine," or an allied title read before the triannular meeting of the various societies of specialists in Washington, D. C., some twenty years ago. The reading was in the afternoon in the ethnological room of the Smithsonian Institution, the walls hung all around with the wonderful Indian scenes painted by the eminent ethnologist and explorer, Henry R. Schoolcraft and published in his six volumes of Government Reports from 1851 to 1857, and in his "Personal Memoirs of a Residence of Thirty Years with the Indian Tribes." Dr. Mitchell alluded to the works about him of the discoverer of the source of the Mississippi River. The scene was full of interest—the audience in absolute quiet as he portrayed the development of the thermometer and barometer and other instruments, old and new, based upon the use of glass and quicksilver.

And then came on the flood of poems,

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novels and other writings amounting to over 100 volumes. No other physician of modern times has covered so widely and so well the great fields of medicine and literature. The memoirs and editorials in the daily press of the United States appearing in the last forty-eight hours would make a volume as great as one of Dr. Mitchell's novel, and these will be followed by more extended articles in the Literary Digest, the Review of Review, and in February by the monthly magazines of the United States, and by learned papers in the British literary magazines. For his name and fame have gone into all parts of the English speaking world. Most of the writers' Wier Mitchell books have been given away—the best use to make of most books—and others have been loaned and not returned, though the writer would dearly like to have the book containing the history of the hysterical contractions.

The writer once made a quarto scrap book from the current writings, following the death of Emerson. What an opportunity to make another within the next month on the life and works of Dr. Mitchell! We recommend to our professional brethren to pay some attention to Dr. Mitchell's writings, both medical and literary. The Journal in its September issue gave an abstract of his last considerable address before a great body of medical men, on pages 391-393. It was at the evening dinner May 10, 1913, on the occasion of the presentation by Henry Phipps of a $300,000 building in the slums of Philadelphia to the University of Philadelphia for the study and treatment of tuberculosis.

Dr. Mitchell showed how useless are such opportunities and laboratories without a man behind. "To find the way of preventing tuberculosis," he said, "you must have a man with a suggestive mind, listening to its every whisper; he must live with his problem, think of it, be over and over beaten, but never tired and never routed. The most important piece of mechanism in a laboratory is the brain of a man. What is life worth without the splendid prophecy of dreams," he said. There is the secret of Mitchell. He had not only a knowledge of medical science, but he had vision, and "without vision the people perish."

And then Dr. Mitchell spoke of the combined power of vision and perseverance, of Dr. Ronald Ross working seven years in the heat of India, and one Sunday morning getting the reward of his labors by finding the zygotes of malaria in the stomach of the malaria-bearing mosquito. The victory was won. Dr. Ross had seen up to that hour "what had been known to God alone." And with the generosity of the man of science and sentiment, instead of closing with some felicitious verses of his own, he closed with the lines "which throbbing with feeling, Ross wrote that Sunday of his first victory and of countless lives it would save." Here are the lines:

"This day relenting God
Hath placed within my hand
A wondrous thing; and God
Be praised. At his command,

Seeking his secret deed,
With tears and toiling breath,
I find thy cunning seeds,
O, million-murdering death.

I know this little thing
A myriad men will save.
O Death, where is thy sting,
Thy victory, O Grave!"

Such in part was Dr. S. Wier Mitchell. His name is not "writ in water." His scientific and his literary works will be found in libraries and read with profit and delight by many generations to come. It is good to know that he lived in our time and that we knew and appreciated him in the storm and stress of great revolutions in medicine and science "all of which he saw and much of which he was." A. W. B.

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FURNITURE MEN HIT BY EUGENICS LAW.

The new Wisconsin eugenics law is hurting the furniture merchants in Milwaukee to the tune of $10,000 a day. From January 1st, the time the law went into effect, until the 9th, only five marriage licenses were issued. Previously to that time the county clerk issued on an average of twenty-five to thirty licenses a day. Dealers estimate that each newly married couple invests about $300 in furniture, groceries, fuel and rentals.

Evidently marriage of the unfit is not a necessity and we call to mind the idea promulgated by David Starr Jordon concerning the Burbanking of the human race. This law requires that marriage licenses shall be issued to persons who present a certificate from a reputable physician who has determined the soundness of the applicant and his opinion must be based upon the most searching laboratory tests. The doctor's fee is three dollars. It is said that the members of the medical profession are endeavoring to make the law appear absurd by ridicule. We hope that this is a misrepresentation of the stand taken by the doctors of Wisconsin. There are many splendid men in this state and we are loathe to believe that the members of the medical profession in Wisconsin are any different from those of some other states who are always in favor of any measure that will be beneficial to humanity. S. E. E.

THE ALLEGED EPIDEMIC OF SYPHILIS IN EUROPE FOLLOWING THE DISCOVERY OF THE ANTILLES.

Sudhoff, one of the few great medical historiographers of the school which look always into original sources and collateral sources, announces that after many years of research he is quite unable to verify the tradition regarding a general venereal pestilence in Europe after the discovery of America, and supposedly brought from that continent. Many years ago F. A. Simon reached the same conclusion, but under very different conditions. Simon took such data as came to him and analyzed them vigorously. Sudhoff and his congeners, on the contrary, are recreating the past with all the thoroughness of one who makes an ordnance map. Hence at times they may not be at work on a medical problem, but on something which will eventually throw light on the latter. There was no venereal plague in Charles VIII's army in the spring of 1495; nor did such a one break out later in Charles' army of occupation. The pest which did "annihilate" his army at this time was beyond doubt typhus. No venereal plague proceeded, from Italy to Germany and elsewhere. Syphilis was known in Germany as early as in Italy—perhaps earlier. The author has studied hundreds of files of archives of European cities from which alone could we expect to find traces of a new pestilence. In these we find mention of vagabonds cared for, among them syphilitics, but none migrants. The amounts appropriated for these diseased outcasts were very small, far too small to control any pestilent disease. The author devoted much time to Augsburg, one of the large medieval cities of Europe. In November, 1494, the first evidence is seen in the purchase of a house which soon became known as the Blatterhaus-Syphilis House. Complete records exist of this hospital from 1497 to 1550, including cost per year of maintenance, which is plotted into a curve. The figures are very low but occasionally shoot up, indicating that during that year some severe pestilence, as typhus or plague, increased the appropriation, but the low figures prevalent from 1497 to 1520 show that no pestilence of any sort was present. The one exception, 1511-12, was a bubonic plague year. Thus Sudhoff (Munchener medizinische Wochenschrift, December 9) seems to have proved indirectly that no great venereal plague ever reached Augsburg, but instead only a certain small number of local paupers required asylum treatment for the malady.

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The Journal is pleased to give its readers the views of the great medical historian Sudhoff, as abstracted in the Medical Record, for there is no rational evidence that syphilis was brought by Columbus into Europe and disseminated by the amy of Chas. VIII over Europe in a period of only a few years. And yet this story is told from time to time. Let one read Buret's two small volumes "Syphilis in the Middle Ages and in Modern Times" translated elegantly by Dr. A. H. Ohmann-Dumesnil of St. Louis, and published by The F. A. Davis Co., of Philadelphia in 1895. The present writer reviewed this work in this Journal March, 1896. It is accessible to all interested in the history of syphilis and above all it is readable—interesting as well as based on authority. Cut this article out and paste it in your hat or book and then at least you may have the historical data on which to discuss this question of the origin of syphilis. A. W. B.

OUR POPULATION 1 PER CENT. CRIMINAL?

It is yet too soon to note just what the new treatment of criminals has produced or will produce. That it will lessen crime is problematical. That it will have a beneficial effect on criminals is more than likely. There is no doubt that it pleases the quickened sympathies of humanity.

It has been stated on good authority that a country-wide census, if it could be made, would show that criminals constitute less than one per cent. of the population. The same authority asserts that it costs more to apprehend, convict and incarcerate this group than it does to educate the other ninety-nine per cent. who are good citizens.

That so costly a machinery should have been operated in so antiquated a method for so long does not speak well of our economy. Perhaps it has been so costly because it has been so antiquated.

"New Hope for the Convict," by Richard Barry in the February Century, further says we have been shamefully neglecting our criminals until very recently. After hunting, convicting, and imprisoning them, we have seemed to feel that our whole duty to them and society was ended. We forgot not only the duty we owed ourselves, which the words of President Hayes well pointed out, but we forgot the duty we owed the man from whom we had taken liberty.

Depriving him of liberty, we hastened to assume, deprived him of all rights. Not so. Even a man condemned to death possesses certain rights. Especially does the ordinary convict possess rights which do not belong to the man who has never been convicted of a crime. For, in depriving him of his powers of initiative, we assume those powers. Therefore it is his right that he should receive from us the proper exercise of those powers of which we have deprived him.

Bruce, in the same issue of the Century, commenting on "The Boy Who Goes Wrong," says:

"Is it to be wondered, in view of such a showing, that most authorities are inclining more and more to find in a faulty environment rather than in a bad heredity the explanation of the boy who goes wrong? Not that it is as yet possible, and perhaps it never will be possible, to rule out entirely the idea of the "born criminal." A small proportion of delinquents unquestionably do show almost from infancy an irresistible and seemingly instinctive impulse to evil; but to just what extent this is actually due to inherited and irremediable conditions remains to be ascertained. Medical progress, in fact, is constantly making it clearer that many supposed instances of "innate depravity' are in reality the result of curable physical defects, and sometimes of defects that are comparatively slight."

Education as a means for the prevention of crime was considered editorially in the January issue of the Indianapolis Medical Journal. The expenditure of money before and after the fact shows quite a contrast. We are convinced that

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even a criminal should receive fair treatment and there is always reason to hope for reformation, while education if a successful prophylaxis is more than the saving of dollars and cents; on the other hand Barry tells us that it takes more to convict the criminal than it does to educate the other ninety-nine per cent. S. E. EARP.

SCIENCE AND DEMOCRACY, THEIR RELATION TO MORALITY AND PROGRESS—VIEWS OF CHAS. W. ELIOT.

The views on twentieth century Christianity expressed by Dr. Charles W. Eliot, president emeritus of Harvard university, have attracted wide attention. Brief mention of them has been made in press dispatches. His discussion relates to the profound modification of the "thinking world's religious conceptions," brought about in the last hundred years by the progress of science, the progress of democracy and "the carrying into effect, not generally, yet frequently, of the doctrine of human brotherhood."

"Thoughtful people," he says, "have dismissed the anthropomorphic ideas of God as monarch, king, or Lord of Hosts, with all the imperial and feudal-system ideas of God which have so long prevailed, not only among the masses of mankind, but among the intellectual leaders of the race. No ideas about God have changed so much, however, as the ideas about Him as creator.

"The doctrine of evolution represents creation, whether of the heavenly bodies or of plants and animals, not as a piece of work done once for all by an infinite artificer in a short time, and then left to run automatically on a predetermined scheme called natural law, but as growing or gradually developing, and having an immense historic past, a fluent present, and an unmeasured future."

Dr. Eliot then points out how democracy has produced a great change in the popular conception of the human ruler. So long as the ruler held his place by right of strength and prowess or by right of birth, he was often defied by the multitude and so became the type of the god or gods. "Democracy," he says, "regards its rulers as selected servants. It respects them because they represent for the time being the power of the nation. It loves them only if they turn out on trial to be worthy of love; that is, serviceable, honorable, humane and inspiring. It thinks of them as leaders, rather than rulers, and is heartily glad when they turn out to be capable of leadership."

"As a rule, men of science have no faith in magic or miracle. They have a passion for truth and fact, but no liking for mere speculation or for theories based solely on men's intuitions. Nevertheless, they are liberal and comprehensive in their ideas of truth and fact; and so they put religion itself, the history of mankind, and the history of language into the region of truth and fact, where men of the most scientific spirit and perfect candor may labor with profit. In this sense the religions of the world are a legitimate field for scientific investigation. Of course, that religion will be most sympathetically explored which seems to the explorer to have been of most service to human society.

"In these two prodigious forces—democracy and the spirit of scientific inquiry by the inductive method—there is a common element which is of fundamental importance—the element of freedom, a freedom which is more than a personal right to think or speak as one pleases. It is the primary condition of existence for both democracy and science and for all their devotees. It is the condition of all scientific and all democratic achievement. It is both the condition and the result of finding the truth. No prophetic utterance can ever be more completely fulfilled than the prophecy. 'Ye shall know the truth, and the truth shall make you free,' has already been."

"In the same way," he continues, "the influence of trade unionism and socialism, agencies which cherish democratic ideals, and on the whole have furthered

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the democratic movement in the nineteenth century, may decline in the twentieth, because some of their policies and methods are clearly inconsistent with rational individualism and an unselfish liberty, and the despotic and oppressive elements in these organizations may come to dominate the liberal. For a like reason monopolies in industries and trade will be successfully resisted, since they cripple free competition and block progress. In like manner those churches will survive which best organize free co-operative good-will for beneficent action in this world.

"Christianity, renouncing its connection with governments and oligarchic institutions, will become the cordial ally of intelligent democracy and progressive science, and the most effective promoter of freedom, truth, justice, individualism, and human brotherhood."

"The last fifty years, however, have witnessed more progress toward the realization of the brotherhood of man than all the preceding centuries of the Christian era. This progress is seen in the widespread interest in all the means of improving the moral and physical health of all classes of the community, in the better distribution of the products of faithful industry, in the ethics of all business, large and small, productive and distribute, and in the purpose to give the entire people a sound and effective education.

"A sympathetic, merciful and disinterested regard for the less fortunate members of the race, carried into action and affecting politics, government and industries, has characterized all the progressive peoples in Europe and America during the last fifty years, whatever their form of government, and promises to bring in a new era of peace and good will. As yet, the orient has scarcely felt this new impulse toward carrying into practice this sentiment of brotherhood. * * *

"The church of the future will reverence more and more the personality of Jesus, and will dwell on the extraordinary qualities of His teaching, as proved by their historical effects during nineteen centuries. He laid down ethical principles of the purest worth which are good for all time, but which were so crushed and overborne by the existing currents of thought and the social institutions of His day that they have been struggling for recognition ever since they were uttered, and still lack their intended fruition. To strive patiently toward their just fruition is the mission of the church of the future."

VICE PRESIDENT AND MRS. MARSHALL ENTERTAIN A FEW NEW FRIENDS.

Washington, January 27.—The Vice President and Mrs. Marshall entertained last night at their second reception of the winter at the Shoreham hotel, when their guests numbered several hundred of the diplomatic, official and smart set of the national capital.

The guests were received at the entrance of the old rose room, which was decorated profusely with azaleas and palms. At one end of the room, concealed by palms and ferns, members of the Marine Band played during the reception, while another part was stationed in the gallery of the gold room and played dance music for the younger guests.

At either side of the stairway stood footmen in full continental livery—coats of steel gray, plentifully striped and arabesqued with gold lace, vests of wine colored velvet with more gold, small clothes of smoked pearl satin and black silk hose. Their feet were encased in patent leather pumps, with huge silver buckles. The gorgeous footmen fixed and held the attention of each departing guest. (Press report).

"Twere worth ten years of peaceful life,
One glance at their array."

The list of attendants is given—also the dresses of the ladies. But of all this tinseled glory commend us to the liveried footmen. We wonder if it is not possible to have one of them stuffed, formaldehyded and "set up" in the Indiana State Museum. Such a sight was

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never seen in Indiana. By all means give us a stuffed footman. A. W. B.

STERILITY PRODUCED BY X-RAYS.

Experimentation by Albers-Schoenberg, Bergonie, Tribondeau and others (Am. Jour. Surg., April, 1912), upon rabbits, guinea-pigs and white rats, demonstrated that sterility is produced by exposure to the X-rays, and Halberstaedter concludes that the ovaries are markedly more sensitive than the skin to the influence of the X-ray. The rays seem to produce a degeneration of the specific epithelial cells, though human spermatozoa in seminal fluid exposed for thirty minutes presented no demonstrable change in either form or motility. The X-rays destroy the power of the testicles to elaborate potent spermatozoa, and that of the ovaries to produce ovules susceptible of fertilization, but it is undetermined whether or not this effect is permanent. Austin claims that the X-rays produce sterility in males and females with a facility and safety that can only be looked upon as an actual social danger to which it seems urgent to call the attention of physicians. —Abstract from the Lancet-Clinic of April, 1912.

The effect is not permanent, at least in the male, as a case the writer observed shows the sperm were ill formed and motionless. But later, by avoiding the X-ray, their motility returned and pregnancy occurred. All that is necessary is to protect one's self from the rays. The old days of loss of hands and deaths from cancer due to X-rays have passed. They are now used intelligently and safely. A. W. B.

THE LONDON CONFERENCE ON INFANT MORTALITY.

The recent conference on Infant Mortality, held in London last August, brought together workers from all parts of the world, so that the resolutions adopted as the sentiment of the conference are worthy of careful consideration. Among the points noted are the necessity of making the maternity benefit belong to the mother legally as well as in practice, in order to ensure that she actually obtains it. In this general connection it was suggested that if notice of pregnancy to the local authorities was compulsory, advise and material aid could be given to the mother during the period before the birth of the child in which proper nourishment is essential.

Recognition of the importance of the health of the girl at all periods of life is shown by the opinion that no education for girls should be permitted which does not provide for the proper development of their bodily health, as well as for instruction making the care of the home easier and more efficient in case of marriage. Great emphasis is laid on the control and instruction of midwives, with appreciation of the very definite place taken by the midwife among the proper classes. Finally it was urged that a series of commissions be appointed by the various governments with regard to the relation of venereal disease to still births and to blindness. These recommendations cover the whole question of environment from before birth and even before conception, to the end of the child bearing age, and are of especial interest in their emphasis on the necessity of meeting emergencies before they arrive, while still providing for the results of those evils which can be modified slowly at best. One of the most interesting suggestions was that of Doctor Forsyth of London, to the effect that medical inspection of children should not be limited to the school period but should begin at once after the birth of the child. If practicable, this would of course reduce enormously the proportion of defects in children reaching the school age, as practically all of the most common defects such as bad teeth, adenoids, et cetera, originate before the sixth year. Special interest was aroused by the description of the methods used in Cleveland, on account of the successful co-operation between three different agencies, the municipality, the university, and the babies' dispensary. R. G. P.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators

SYMPOSIUM ON PNEUMONIA.

(From the New York Medical Times, January, 1914.)

THE TREATMENT OF BRONCHO-PNEUMONIA.

Frank S. Meara, M.D.,

Professor of Therapeutics in Cornell University Medical College; Associate Attending Physician to St. Luke's Hospital; Associate Attending Physician to Bellevue Hospital.

My treatment for broncho-pneumonia is much the same as my treatment for lobar-pneumonia; in fact, depends upon certain general principles that are applicable to the treatment of any infectious disease: First, rest of the body by a comfortable bed, by a well selected room, by a competent nurse; rest of mind by exclusion of visitors, anxieties and worries; rest by affording sleep. Secondly, by diet, including water, of which I give an abundance, offering the patient water frequently and allowing him to drink all he will; not forcing food during the first few days of the illness, but increasing it as the illness is prolonged and appreciating that the broncho-pneumonia that is much prolonged requires much the same dietetic consideration as typhoid fever. Third, by open-air; I am a thorough believer in the efficiency of the open air treatment, and it cannot be duplicated by cold air in a room with open windows. It is live air, moving air, acting upon the face and the mucous membrane of the air passage that affords stimulation to the vaso-motor and cardiac centers.

The patient, however, can benefit by open-air treatment only when proper attention is given his bed. The body must be kept scrupulously warm, the bed enclosed in impermeable material, the hot-water bottle to be kept in the bed, and only the face exposed. Fourth, by proper attention to the bowels, appreciating that at least half the cases of pneumonia show the same loss of tone in the larger intestine, giving rise to tympanites, as is the case in typhoid fever. Fifth, by realizing that most symptoms are the expression of a useful purpose on the part of the body; that probably fever is a purposeful reaction on the part of the organism and is not to be met by antipyretics unless the temperature goes to such heights that it imperils the vital centers, a condition of hyperpyrexia, to be combatted not by drugs but by cold water; that the purpose of a cough is to empty the bronchi of accumulated secretion and is to be interfered with only when the cough is purposeless and exhausting and then is to be met by codein in proper doses, or by inhalation of such mixtures as alcohol, chloroform and creosote in equal parts and in more severe cases by morphin; that the pains of pleurisy designed to lessen movements of the chest are best relieved by strapping and further ameliorated by local applications of cold or heat to the chest and morphin used only in the severest cases.

Sixth, by appreciating that the toxemia in terms of delirium and cardio-vascular failure are much less likely to occur in the open-air treatment than otherwise; that circulatory failure is in the vast majority of instances vaso-motor failure and calls for vaso-motor stimulants, and yet knowing that we have a very few valuable vaso-motor stimulants and furthermore are not always able to determine whether the heart is or is not involved in the circulatory disturbance. I give, then, caffeine in the form of soluble salts of sodium salicylate, or sodium benzoate, 5 grain doses at 4 hour intervals or camphor in oil 10 per cent., in 5 grain doses

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at 4 hour intervals, or at 2 hour intervals or alternate them; but appreciate that their value is limited. I do not allow the circulation to falter too much before I use some member of the digitalis group, and use it in sufficient doses; we will say 20 to 30 minims of the tincture three or four times a day, or, if the case is urgent, ½ milligram of strophanthin in an adult, intramuscularly, and follow this with the doses mentioned of digitalis. While aware that the administration of digitalis in acute febrile conditions is not strongly fortified by pharmacological evidence, I am myself convinced that it is the most valuable of the circulatory stimulants in this condition.

If the case is unduly prolonged, as it sometimes is, I endeavor to discover the etiological organism by culture, make a vaccine from this and use it, following the general principles of vaccine therapy.

400 West End ave., New York.

THE TREATMENT OF LOBAR PNEUMONIA.

Samuel E. Earp, M.S., M.D.,

Professor of Clinical Medine in Indiana University School of Medicine.

Good nursing and hygienic conditions are apropos. While perhaps it may be a repetition, I insist upon absolute cleanliness of the room and care that all emanations from the body shall be removed as soon as possible. The windows are taken out and in their places cheese cloth is tacked to the frame. Alcohol baths are given twice a day.

For internal administration I use a combination of guaiacol carbonate, quinin sulphate and spartein sulphate. Hexamethylenamin, five grains three times a day, is employed, as I believe it performs an important office in toxemic conditions and particularly in pneumococcemia. There are times when the temperature will subside when aspirin is given. Digitalis and strychnia to be used when indications warrant and not as routine therapy. Camphorated oil used hypodermically has in a few instances served me well in the extreme failure of vital forces. When there is a great amount of lung involvement with only a small area functuating, oxygen has rendered good service and the necessity of its use should be recognized early. Too often one waits too long, using it only as a last resort and is useless at such a time. I regard oxygen as an important agent if used sufficiently early.

The skin should be left free to act and not hampered by poultices or a jacket. Following this idea also adds to the comfort of the patients. For delirium or general brain manifestations an ice-cap is advisable and early in the disease it is sometimes necessary to use an ice-bag in the cardiac region. Whiskey occasionally may be indicated but not often. Sponging the patient, permitting the water to evaporate and not dry the skin afterwards, is frequently necessary in the course of the disease. I prefer the water to be at a temperature of 98°, and I add ice-water until it is gradually cooled to 65°.

The adoption of serum therapy in some cases has given me only fair results. Strictly speaking, experience has not made me a warm advocate of vaccines. The selection of a diet is of great importance—one that will assimilate easily and yet contain the greatest amount of nutriment.

24½ Kentucky ave., Indianapolis.

THE TREATMENT OF LOBAR PNEUMONIA.

J. P. Crozer Griffith, M. D.,

Clinical Professor of Diseases of Children in the University of Pennsylvania.

Lobar-Pneumonia or fibrinous or croupous pneumonia as it occurs in children, who form, naturally, the greater bulk of my patients, is generally a disease with a very favorable prognosis. Nearly all the cases of what has appeared to be fatal croupous-pneumonia in children are probably, instances of broncho-pneumonia of the pseudo-lobar type. The necessary conclusion is that

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the most important thing is to avoid overdosing of the child, and to make efforts to help nature in the control of the disease, and not impede it.

I use hydro-therapy, oftenest in the form of warm tub baths, if the high temperature is attended by nervous symptoms. If these are not present, the temperature apparently does little damage. I do not urge food very greatly. I use cardiac stimulants, such as digitalis, caffein, and the like, should occasion require. I put more dependence probably, upon alcohol than any other drug of this class. This in no way means that I think alcohol is necessary for every case. Cough requires a sedative only if very annoying; and then I do not hesitate to use opiates, provided there is no marked typanitic distention of the abdomen. Should this symptom be present, opiates make the condition worse, with increase of dyspnea, and impairment of the circulation by the upward pressure of the gas. Counter-irritation of any kind I believe to be entirely unnecessary; unless the case happens to be complicated by severe bronchitis. Such a complication is, however, more likely to occur in broncho-pneumonia.

1810 Spruce St., Philadelphia.

THE TREATMENT OF BRONCHO-PNEUMONIA.

William A. Jenkins, M.D.,

Professor of Medicine and Clinical Medicine in the University of Louisville.

In discussing the broncho-pneumonia of infancy and early childhood, I feel the necessity of emphasizing the fact that prophylaxis is the most important part of the treatment. I mean that in these little ones we should try to dissipate the bronchitis before it becomes a broncho-pneumonia.

After the pneumonia is once established, however, and we have the temperature, the difficult breathing and the marked systemic disturbance, the story is very different. We should then direct our attention to the problem of preventing the thick, tenacious, inflammatory exudate from plugging up the small bronchial tubes and shutting off the air. This causes the greatest amount of trouble in these cases. I employ such remedies as will act through the blood, as infants and children do not expectorate material from the lungs.

In my experience the drugs that are most useful in this particular respect are apomorphin combined with strychnin nitrate in dosage at intervals according to age. For a child two years old I would give one 1/120 of a grain of strychnin nitrate and 1/60 of a grain of apormorphin every four hours. If there is much prostration, I believe that Cognac is the most useful remedy. For a child two years old I order a teaspoonful diluted with water or poured over a little cracked ice and given after the ice is melted, every three hours.

The iodides are useful along the same lines. In cases of cardiac failure digalen or camphorated oil are both useful and if necessary should be given hypodermically.

I have no faith in remedies applied locally to the chest, unless it be a simple jacket for the chest, lined with absorbent cotton, to maintain an even temperature.

Atherton Building, Louisville, Ky.

ABOUT GIRLS.

By Dr. A. L. Benedict of Buffalo.

(Medical Fortnightly.)

Allow me to write "About Girls" to show the other side of the case which Dr. D. L. Field, of Jeffersonville, presents in the issue of February 10, 1912. First, with regard to wealthy society girls, let me cite two instances of women of our 400. One, in an emergency, took charge of a large hotel owned by the family; the other has in several instances done cooking for a philanthropic enterprise that earns part of its income by selling baked goods. These are grown women, but they have been girls and their present influence extends to the younger generation. So far as my observation goes, the great majority of society girls, except in newly rich fam-

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ilies with false pride, are pretty well versed in domestic arts.

Secondly, with regard to girls of what may be called the better classes, but with family incomes which, at present rates of wages, food, and the bother of too independent servants, keep one servant where the same family a generation or two ago would have kept two or three, or who keep none at all, instead of one for the previous generation; I have seen such girls at numerous evening entertainments of various kinds and have said, to myself, just what Dr. Field says with regard to their extravagance in dress, domestic incapability, and the effect on their health of loss of sleep. But, I have been in their homes and it has gradually dawned on me that the neatness and even luxury displayed, the good things to eat and even the extravagant clothes, must represent labor somewhere and somehow. Looking a little beneath the surface, the fact has developed that many of these society butterflies are extremely useful.

Let us hold a little clinic: Case 1.—Dazzling society girl, frivolous, up late at dances and all that sort of thing. Poor hard worked mother, with this and another grown daughter and two or three smaller children and no servant. Sympathy for mother, also blame. But, we notice that the mother is just about as much in evidence at dances as the daughters and is just as popular and pretty, and nearly as young looking. Sympathy transferred to younger children growing up in unkept house, eating cold meals, etc. Call at house—everything immaculate, younger children neat and well nourished. Evening call, lunch served, very good indeed, memorandum to try to get another invitation, etc. Now the secret is very simple: here are three active women, working together harmoniously, skillfully and rapidly, with plenty of time for both work and play and also rest when the play enroaches on normal hours of sleep.

Case 2.—Girl in family of ample means though not rich. Good dancer, very agreeable, also easy to look at, not much at conversation and reading. Said to be fair at house work but not enthusiastic about it. Goes to work in office to occupy time. Friends laugh at her. In about six months, man ahead of her resigns, she asks to be allowed to try his job. Firm sceptic as to her ability, but let her try. She "makes good," and at present, with less than year's business life, is earning close to the maximum of the average grammar school teacher, bookkeeper, etc.

Case 3.—Another girl, same social symptoms, looks tired out with (innocent) dissipation, clothes must tax the poor father to the limit. On inquiry, it is learned that this girl made practically everything she wore except shoes, stockings, corset, etc. Clothes cost less than those of the average poorly dressed girl. Fatigue temporary, due to taking place of scrub woman who disappointed family that day.

Case 4.—Dainty little fairy, just made to be kissed and looked at, absolutely worthless. Well, we have known her since childhood. Any man that tries to fool with her will find himself in against a code of social ethics that we sometimes imagine died out with our grandmothers. Not one high-grade servant in ten can turn out the cooking that this girl can.

Such instances can be multiplied indefinitely. Of course, there are lazy, incompetent girls in all social classes, but, in my experience, they are the exception in refined families of any grade of wealth, and they are generally despised by the majority of girls of their own class. We have watched very many of these girls grow up, marry and become model housewives almost from the beginning. Only exceptionally do they fulfill the anticipations of the pessimists who sees them as social butterflies.

On the other hand, we have been impressed time and again with the shiftlessness, bad cooking and extravagance of wives of mechanics, laborers and the poor class of clerks. The enormous amount of money absolutely wasted at the cheaper kind of summer resorts comes from this class. In several instances we have learned that the ex-

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pense for food for families in small cheap houses has been greater per capita than for families of apparently much greater means, and living on a better scale both as to the necessities of life and social appearances. Even clothing represents a greater relative cost, considering needs and appearances. And, as to social dissipation, even excluding saloons and obviously objectionable resorts, public dance halls, moving picture shows, cheap theatres, etc., in the winter and various excursions in the summer occupy just about as much of the time and energy of shop girls as of society butterflies.

Thirty years ago, it was quite possible for a girl in a family of a professional or small business man, with an income of $1,500 to $3,000 to grow up in ignorance of housework, owing to the relative cheapness not only of wages but of food. With the aggregate cost of domestic help just about doubled, at present, some one of the family simply has to do domestic labor. In the writer's observation, it has been rather infrequent to find poor mother washing and ironing and daughter playing the piano. Sometimes, the mother, brought up in idleness, has been forced to learn housewifely arts along with her growing daughters. Sometimes the girls have taken the initiative, perhaps with a start at a domestic science or cooking schools. And we know at least one case in which pretty mama is at the piano and daughters hustling at the range and sewing machine—though shedding their chrysalis in the evening and looking as if whoever married them would draw decorative blanks. There is another side to the matter of paucity of domestic servants that is usually forgotten, but which is much more important than the phase which practically forces society girls of moderate and small means to know something about housework. In the old days, pretty nearly every family of any social pretension at all, kept a servant and there were comparatively few positions open to unskilled female labor except in domestic servant. The "hired girl" was sometimes treated almost as a member of the family, sometimes tyrannized over but, in either case, she was carefully guarded, trained both in domestic work and in domestic economy. In the great majority of cases the poor man who married her, got a good woman, as well as a good housewife, and she was grateful for the opportunity to have a home of her own, however humble. In these days, the same class of girl for the most part, works behind a counter, does up all sorts of wares in paper packages, or obtains a low grade clerical position. She has a great deal of liberty which she uses in just about the same general kind of frivolity as the society girl, with just as great physical strain and risk and, obviously, with much greater social and moral risk. Her knowledge of housework may be almost nil for, with considerable justice, as a wage earner, she expects her mother to relieve her of household duties or, if she does assist in housework, it is necessarily in a hurried, haphazard, unsystematic way. In other words, the man who marries her is quite likely to get neither a good woman nor a good housewife. Of course, the former insinuation applies only in a minority of cases and the latter does not imply that subsequent endeavor will not right defects in early domestic education. Yet, in the aggregate much economic suffering and by no means inconsiderable social disaster follow.

Another phase of the same essential condition is well illustrated by the following case, but no means unique. A small family, advertising for a young girl to run errands and do minor household work, received an application from a young matron. Even after explaining the nature of the service and the low wages offered, the latter persisted in her request for employment. She said that she had worked for some years in an office, had recently married a man of small but ample means, had a comfortable flat, but missed the associations of business life, was discontented alone in her home and had to have something to keep her mind occupied. In many essentially similar cases, the young wife,

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however honest in her fulfillment of domestic duties, soon recognizes that she is not so well off except in a sentimental way, as when employed. She has become unfitted for domestic life, feels none of the pride and gratitude for a home of her own that the ex-hired girl experienced, is neither expert in nor disposed to learn the little economies which are becoming more and more necessary in housekeeping. While, in the majority of cases, a state of domectic equilibrium is reached, in a considerable minority, we get the 'Ostler Joe story with variations. It is in this class that we have the real social and domestic problem rather than in the case of the society butterfly.—A. L. Benedict, now editor of the Buffalo Medical Journal.

SCHOOLS OF MEDICINE IN ARABIC COUNTRIES.

It has been the writer's pleasure and surprise to see three very good schools of medicine. One of these was at Scutari, across the Bosphorus from Constantinople. It is a fine building and in spite of its Turkish management seems to be very thorough and complete. Another is the Medical Department of the Syrian Protestant College at Beirut, which is a well known American institution with a well earned reputation. The third is the School of Medicine at Cairo. This is under the Egyptian government largely taught by British medical men, and is very thorough indeed. It is conducted exclusively for the Egyptian students and will only take a limited number of those, that is, as many as they can accommodate and teach properly. There is a great work for these three schools, all of these countries sadly needing carefully trained native medical men to supply the needs of the people. It is well that the native doctors can get their training at home where it must be much cheaper and can be made as thorough. I wish to add here a word of commendation for the medical missionaries of Syria and Egypt, some of whom I have visited and seen at their labors. I found some among them my former schoolmates, others my former pupils. They were all doing good work. Ten, twenty, thirty years they have been working away at their lonely posts. It is beautiful to go about with them and to see the loyal devotion of the people to them. Surely this ought in some measure to repay them for their years of hard work, solitude and deprivation.—E. S. M.

THE PASSING OF MALARIA.

At a meeting of the Royal Colonial Institute in London, recently, Dr. Malcolm Watson gave an account of his work in the prevention of malaria in the Federated Malay states. He showed that pool breeding mosquitos could be abolished by open drainage, that stream breeders could not be so abolished, but required drainage, and that countries with no hill stream breeders had no hill malaria. He described investigations which he had carried out in other parts of the world where malarious conditions more or less prevailed, in the Duars at the foot of the Himalayas, and in the Jeynore hills in Madras; in Sumatra, Panama, British Guiana and Barbadoes, and declared that the new knowledge had given absolute control over the malaria of low, flat-land, and high hopes of control over that in hill land. There was also every hope of abolishing malaria from rice fields. He believed that the prevention of malaria, the improvement in health of the agriculturist and the cultivation of the land were all intimately connected and that what helped the one would improve the other. The enormous commercial value of the control or prevention of malaria in tropical countries will be appreciated by all familiar with conditions in these localities.—J. A. M. A.

"Is you got money in the bank?"

"Well, I ain't said I isn't, has I?"

"Well, I haven't asked yuh, ain't you isn't? Ise askin' yuh ain't you is."—Med. Standard.

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MEDICAL MISCELLANY

INDIANAPOLIS MEDICAL SOCIETY.

President, T. B. Eastman; first vice-president, E. de Wolf Wales; second vice-president, J. W. Carmack; secretary-treasurer, Alfred Henry.

Election of Officers—January 6, 1914.

Dr. Guedel, secretary-treasurer read his report from January 15, 1913, to noon of January 5, 1914. This report having been audited by the council was adopted by the society. Summary of officers elected:

President—Dr. T. B. Eastman.

First Vice-President—Dr. E. de Wolf Wales.

Second Vice-President—Dr. J. W. Carmack.

Secretary-treasurer—Dr. Alfred Henry.

Councilors—Drs. Will Shimer and Norman E. Jobes.

Delegates to State Convention—Drs. John Pfaff, Goethe Link and David Ross.

Alternate Delegates—Drs. W. D. Hoskins and Albert N. Cole. After election of officers, Drs. O. G. Pfaff and T. B. Noble ushered President Eastman to the chair.

Dr. Chas. E. Ferguson delivered his address, "The Doctor's Vacation." Dr. Ferguson's address was a beautifully constructed picture of some things of interest seen by him during his visits to the Holy Lands.

Meeting of January 13, 1914.

Dr. Tom S. Tomlin read a paper on "The Chronic Suppurating Ear-Prophylaxis and Treatment," with report of case, an abstract of which follows:

Paper is limited to conditions where suppuration is established. Chronicity of process is based upon two points—pathology and lapse of time.

Some cases are pathologically chronic from supposed beginning because other conditions have been overlooked while others are chronic only from lapse of time after several months' duration.

Prophylactic measures are of two classes, provision for free uninterrupted drainage externally and by eustachian route and maintenance of asepsis.

Douches and powders are condemned as are meddlesome swabbing and mopping.

The diagnosis to be useful must include the causes of the suppuration and its chronicity.

Aural polypi and granulomata are results of suppuration and are prolific causes of the chronicity of periostitis and necrosis and should with very rare exceptions be promptly removed. The important exceptions are when they are on the superior wall that forms part of cranial floor and when origin is obscured by protrusion through drum and then methods to be selected with care with preparedness for further operative procedure.

Obstruction to eustachian drainage precludes cessation except where radical mastoid is made and include granulomata at tympanic opening. Salpingitis, stricture of tube, adenoid or other growth in epipharynx, enlarged tonsils especially if submerged, protruding inferior turbinates or other malformations. Nasal occlusion from any of the numerous causes is also a frequent and important factor. Conditions that prevent closure of pharyngeal opening lead to easy and repeated middle ear infection. Swelling and hyperplasia around the pharyngeal opening are of most importance as a basic point from which to seek further.

Fistula with hearing present is debatable ground for delay or for operation and in presence of such conditions either is hardly justifiable with less than two opinions.

The case reported is interesting from the point that 1. While having come from scarlatina and having lasted 21 years hearing was fairly good.

2. The numerous factors in the chronicity included granulomata in external ears, on one side over a dehiscence of bone having only soft tissue

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protecting meninges, a necrosis of short process of maleus, granular tissue occluding tympanic eustachian opening on opposite side, adenoid tissue hindering drainage into pharynx and multiple polypi on suppurating ethmoids partially occluding both nasal passages.

3. That with all these adverse conditions process was terminated without resort to ablation of either mastoid or tympanum and hearing restored to 35-40 for both ears and patient recovered in general health returned to complete college course.

Dr. Carl G. McCaskey gave a case report on "Aural Polypus of Right Tympanic Membrane with Impaction of Cerumen of Both External Auditory Canals," an abstract of which follows:

Miss E. P., aged 14, history of scarlet fever at four years and measles at six, followed by acute otitis media, right ear continued to discharge at intervals until present time; five years ago patient complained of deafness.

Present history and examination, weight 77, pulse 78, temperature 99, respiration 22, nervous, air conduction poor, bone conduction good, external auditory canals filled with impacted cerumen, removal of this revealed polypus of this drum membrane which was removed by installation of adrenalin 1-1000, which was allowed to remain for twenty minutes, then syringing brought away polypus en masse. Patient has had no recurrence of trouble since, hearing normal. Cerumen of left ear was removed by ordinary methods.

Dr. W. F. Clevenger reported cases of diphtheritic complications with observations in two laryngeal-tracheal and bronchial cases, an abstract of which follows:

Mention of report of series of cases of primary nasal diphtheria read before the society some years ago. Nasal type when confined to the nasal passages of much less severity than when the more direct lymphatic channels are reached, consequently frequently overlooked. A very potent source of infection of others.

Primary diphtheria below the faucial region usually presumed to be laryngeal. Tracheotomy in a number of cases at city hospital and elsewhere prove this to be a fallacy. Trachea more susceptible to infection than larynx hence more often seat of primary infection. The same of great importance as relating to the subject of intubation and tracheotomy. If trachea and bronchi full of membrane no method of intubation of value. Large doses of antitoxin early indicated in all types, to be repeated in four to six hours according to indications. Location of membrane may be tentatively determined by point of primary infection and by auscultation.

First case reported woman 42 years of age. Intubated and forced to remove tube at once. Tracheotomy was performed and entire lumen of trachea to the bifurcation covered with heavy diphtheritic membrane. Bronchi also involved. Death from toxemia and asphyxia in three hours.

Second case—boy of ten years—intubated and forced to remove tube at once due to closure of distal end with membrane. Tracheotomy showed trachea lined with membrane. Curved uterine forceps and Klaar electric light gave clear field to the bifurcation. Right lung completely blocked off showing bronchi filled.

Emphasis on early internal medication, especially in trachea and bronchial type. Large doses of antitoxin. Intubation or tracheotomy in cases where membrane in larynx is secondary to faucial or pharyngeal type indicated if obstruction marked.

Dr. Daniel Layman reported cases of "Chronic Purulent Otorrhea with complications of mastoiditis, extra-dural abscess, sinus thrombosis and brain abscess, three operations, recovery," an abstract of which follows:

A. McK., age eleven years, admitted to City Hospital June 18, 1913. Complained of pain in right ear. History—discharge from right ear for past four years. The case had been greatly neglected. He complained of great pain in

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right ear. General condition fairly well nourished, systolic mitral murmur at apex. Temperature 102.2, pulse 120, respiration 24. Typical signs of an acute mastoiditis. On June 19th classical mastoid operation performed, at which an extensive extra-dural abscess overlying the sinus was discovered and evacuated. No clinical symptoms of sinus thrombosis obtained, nor did visual or tactile examination reveal clot, so the sinus was not opened. Nothing eventful in the course of the case until about June 27, when the patient complained of pain for the first time over the right side of the head and extending down into the neck. This pain was temporarily relieved by a fresh dressing. In a few hours, however, the clinical symptoms of a sinus thrombosis were well enough established to justify opening the sinus. This was done and a clot was removed, but on account of a free flow of blood from both the jugular and torcular ends the internal jugular vein was not resected. After the posterior wound healed the ear continued to discharge, the discharge being profuse and malodorous. As this continued for weeks without improvement, a radical operation was decided upon. At this operation the roof of the tympanum or attic was found recrossed. On exposing the dura it was found to be discolored and of a boggy appearance, protruding hernia-like through the opening of the bone. A slight incision was made through the dura demonstrating pus, after which it was freely opened and about an ounce of pus evacuated from the temporo-sphenoidal lobe. The cerebral abscess was drained with rubber tissue drainage. The radical operation was completed leaving a drainage through the posterior opening. The case was slow in healing. The cavity at the present time is covered with epidermis except a small granulating area on the inner wall of the tympanum. The extra-dural abscess over the sinus was not indicated, but was discovered at first operation. Likewise the cerebral abscess was discovered at the time of the radical operation. The clinical symptims of a clot in the sigmoid sinus were suspicious, and the operation confirmed the diagnosis. Time was wanting for the blood, spinal fluid and other laboratory tests. After recovery from the sinus operation the boy was up and about, not complaining, and even playing base ball in the hospital yards. Even the most significant symptom of brain abscess was not noted, namely, constant, severe, localized head pains, nor any of the focal (motor) signs. Koernig and Babinsky were negative. Also there were no eye ground findings.

Discussion:

Dr. T. V. Overman—Diagnosis is often difficult. Tuberculosis and syphilis are frequent complications. Prognosis is to be given guardedly. One case had tonsilitis, appendicitis, suppurative nasal discharge and double oyitis media respectively. Urotropin apparently effected a cure.

Dr. Barnhill—Chronicity does not matter. Restoration is the important thing. Granulations are not disease—mere shadows. A discharging ear means decay and destruction. Dr. Tomlin is to be complimented on clearing up the surroundings in case reported. Usually foolish to use dusting powders, which impair drainage and never reach the place intended for them. A case suppurating four years with headache was relieved by family physician with morphine. Patient was taken to hospital with remittent fever. Operation showed pus in jugular vein with every sinus on same side involved.

Dr. Sterne—Chronic suppuration of ear is dangerous. Radical procedure warranted. Cases often cause neuritis Relation of facial nerve to middle ear accounts for facial palsy. This condition with complications may produce facial paralysis. Always inquire into general condition of patient. Don't forget lues. Tempora-sphenoidal lobe oftenest involved. Cutting brain tissue causes no pain—traction on dura does. Urotropin is used by some instead of brain operations. It is an internal antiseptic.

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Dr. Hoskins—Dr. Clevenger is to be complimented for reporting cases going bad. It is necessary to diagnose many probable bronchial cases of diphtheria as laryngeal. There is not always evidence of tracheal and bronchial involvment. Ninety per cent of diphtheria is found below age of ten. Intubation gives relief and should be done.

Dr. Shimer—Koch, of Berlin, in his hospital work divides his cases of laryngeal diphtheria into three types: viz., mild. moderatelv severe and severe. Antitoxin helps mild cases very little, moderately severe very much, and severe cases very little, even though tracheotomy and intubation are done. Antitoxin is introduced in right auricle.

Dr. Taylor—Cases reported by Dr. Clevenger were so thoroughly infected they were beyond help.

Dr. Page—More attention should be given to prophylaxis in chronic suppurating ear. Tonsilar tissue should be removed early in life before nasal and other impediments arise. Headaches are common.

Dr. Kitchen—Question on medical therapy. Was formaldehyde found in urine when urotropin was used? Dr. Overman said it was.

Dr. Tomlin in closing:

The various tests are useless when hearing is present. Popular belief is that chronic discharging ears from infectious diseases are not amenable to treatment.

January 20, 1914.

Dr. Murray N. Hadley read a paper on "Problems in Diagnosis of Tumors of Breast.

Abstract:

When the radical operation for breast carcinoma was first performed and practiced it was hoped that the mortality of practically 100 per cent. would be very greatly reduced. This hope has been by no means fully realized and we now know that when cancer of the breast has advanced sufficiently to give signs of its presence, a mortality of 70 or 80 per cent. is to be expected.

The profession is now fully realizing its importance in the treatment of cancer, and the absolute necessity of attacking the disease in its very earliest stages or even in precancerous lesions. A full realization of this fact has has prompted and initiated a campaign of public education on matters relating to cancer. If this campaign produces the results hoped for and expected, it will be necessary for surgeons to provide themselves with all available methods of diagnosis of these lesions in their earliest stage.

In relation to breast tumors this means a surgical exploration of most breast tumors as soon as discovered. The diagnosis must then be made immediately. It can be done by frozen section examination by a pathologist or an examination of the gross characteristics of the tumor by the surgeon. Both methods are of service and should be used.

If any benefit is to be derived from public education in the matter of breast tumors, the present waiting policy for clinical signs of malignancy must be abandoned.

Dr. S. E. Earp read a paper on "Cancer En Cuirasse."

This patient represents a condition of metastasis as shown by large lymphnodes together with edema of the arm appearing before any clinical evidence of a breast tumor. The patient was a female, aged forty-six years and by occupation a bookkeeper. The left arm from shoulder to wrist was large and edematous on July 21, 1913. An opinion concerning the possibility of malignancy was given, although a careful examination of the axillae, breasts and inguinal regions gave no evidence of glandular enlargement. Since the patient stated that the edematous arm had been so for several months and decreased somewhat at times and then increased again, a further examination was asked for a week later. However, no attention was paid to this by the patient until two months and six days later at which time the cervical, axillary and mammary glands on the left side were

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present and the arm was larger. The evidence indicates a carcinomatous metastasis with probable a carcinomatous origin in the left mammary gland. A consultation of physicians brought the conclusion that surgical interference was inadvisable and two and a half months later the skin over the pectoral region was filled with shot-like nodules and the whole surface was hard, tense and inelastic, not unlike what is seen in scleroderma. Progress was rapid. A month later the right side of the face was swollen, the breath sounds of the left lung were obscured. Over the right lung could be heard mucous rales. The heart sounds were heard to the right of the median line accompanied with a mitral insufficiency, obstructed dyspnea with a whistling sound, cough and hoarseness were prominent. The left breast was hard and of eggplant hue with vesicles around the nipple which were followed by superficial destruction of tissue. The left arm was not edematous but its surface was hard and tense as if encased in leather and was dark blue in color. Patient died about eight months after first seen, which possibly may have been a year after the onset of the disease.

Dr. A. M. Hetherington presented a paper on "Public Education of the Cancer Question."

This is one of the most vital questions in the medical world. Statistics show that cancer is increasing very rapidly. The patient must be taught to seek surgical aid early. A large majority of cancer sufferers are curable if operated early. The Cancer Campaign Committee, with Dr. T. S. Cullen, of Baltimore, as chairman, is doing a great work in getting a general campaign started. They are doing this by having articles for the laymen published in the daily newspapers and magizines.

The cancer problem is a complex one. One that can not be handled the same as tuberculosis, typhoid or syphilis. These have a definite cause and are of great danger to others. On the other hand cancer is not dangerous (so far as we know) and the cause is to be found. Educate the people to save themselves, by lectures in the clubs and factories and by appropriate articles published in the local daily newspapers and magazines. The people immediately seek surgical aid for appendicitis. This is brought about by public education. The same is true of smallpox and by typhoid vaccination.

Dr. J. V. Reed read a paper on "Chronic Cystic Mastitis," an abstract of which follows:

Cases were reported of chronic cystic mastitis. These cases were told of the possibility of the condition becoming malignant, and were advised to have the breasts carefully watched for signs of malignancy. Two of these cases have been under observation for over three years, and have remained free from dangerous signs.

My advice to these patients may seem very old-fashioned in the light of our present knowledge. We know that cystic mastitis is prone to become malignant. Still we do not know that they all become malignant more frequently than the non-cystic breast. Again, few of these patients will sacrifice one or both breasts on the possibility of malignancy. They will ask you if it is cancer or not. If you say that you do not know, they will go to some one who does know, or at least says he does. Again if you say it is not cancer, but may become malignant later, and insist upon an operation, the chances are that she will find some one who will treat it medically, and the possibility is that this person will not be able to watch the condition intelligently. In other words to advise radical treatment for a future possible condition, may make the patient lose confidence, while conservative treatment, with a full statement of the facts, tends to gain confidence and to keep the patient under intelligent supervision.

On the other hand if the chronic cystic mastitis is associated with a tumor, a large rapidly growing cyst; or if

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there is evidence of induration, shortening of the trabicular, or if the small cysts are held together, it will be impossible to differentiate it from cancer, and a radical operation should be immediately advised.

Dr. Goethe Link—Breast tumor cases reach the surgeon in Indiana late, making the percentage of cures low. We should operate before the appearance of gross signs of malignancy, when possible. The place to make a diagnosis of a doubtful breast tumor is in the operating room. A case was reported in which diagnosis was made by a skilled pathologist who had installed freezing microtome, microscope and appurtenances in the operating room of the Deaconess Hospital for the occasion.

Discussion:

Dr. Gatch—The essayist draws attention to the importance of creating the clinical history, the statistical study, the physical examination and the microscopic picture in our study of cancer of the breast. And, furthermore, that by this creation in a great majority of cases we can reach a correct diagnosis, even in the early stages.

Two things are of the utmost importance—How old is the patient, and how long has she had the tumor?

The diagnosis of cancer in its earliest stages is much facilitated by a test which was first learned from Professor Halstead. The breast is attached to the skin by certain bands or connective tissue called the "ligaments of Cooper." As a cancer of the breast grows it causes a shortening of all the connective tissue. Seize the breast in the two hands and then gently make it describe the greatest possible excursions in all directions on the breast; looking at the skin, if at any point on the breast you see a tugging in, a pitting of the skin, you may be sure that the lesion is cancer.

There are two other things, tuberculosis and chronic mastitis, from which to differentiate. A word as to chronic mastitis. Many eminent pathologists do not believe that lesions tend to undergo a malignant change. Every lesion is malignant from the start. We think that lesions which are benign at first may become malignant, but that has never been scientifically demonstrated in the same sense that we know the tubercle bacillus is the cause of tuberculosis. Chronic cystic mastitis occurs in the breast under two forms: in young women, in which it may assume different forms, and in women along about the menopause. The latter condition is, by all odds, more common of the two.

The case of Dr. Earp, en cuirasse, might be termed a cryptopic cancer, the cancer of which we do not know the origin. It was at one time thought to be due to a bony infiltration of the skin with cancer. We know now, that it is due to a lymphatic stasis and an overgrowth of connective tissue.

Pathology, fundamentally, is the same as that of the tropical elephantiasis.

Dr. Shimer—In McCarty's recent article he takes up chronic mastitis. The mastitis in which the change is chiefly found in the acini of the glands. He says that these changes in chronic mastitis very closely resembled those found in beginning carcinoma and that in cases of carcinoma of the breast he also finds these cysts due to chronic mastitis. Kaughman, Osholf and Zeigler say that the pictures in chronic mastitis, lobular mastitis and beginning carcinoma resemble each other very closely. Dixon, the English author, says that they resemble each other very closely but he does not believe that carcinoma ever originates from chronic mastitis. It certainly is a very perplexing question as to the origin of these carcinomas.

Bloodgood says that no surgeon should undertake an operation in which he could not confirm the diagnosis immediately as to whether the tumor is malignant or not and to decide just what sort of an operation shall be done. He says that in no case have they ever found a tumor malignant when it has been decided that it was benign by the pathologist and surgeon.

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Dr. Wynn—I want to direct the few remarks that I make toward the question of skin cancer. The dominant phase of it advanced for years, of course, is atrophy. There is no organ that shows more pronounced atrophic changes than the skin, which comes on over a period of months or years and by these developing areas of pigmentation, warty-like in character, take on a physical character that we designate in the text books as 'senile warts." These "senile warts" are notably upon the face and about the nose. Those are not cancer at all. The point I want to emphasize is that that sort of condition does underlie in a large majority of cases the development of epitheloma, and particularly of the exposed parts in old men and in old women. Now practically what is the thing of importance to us as practitioners? It is to recognize that this is a precancerous condition and that we can by proper medication in these cases in old men and old women get rid of that condition of the skin. You can relieve such a condition. You can do it in the first place by the application to these scaly, warty-like, excrescences on the skin, of some such remedy as salicylic acid. We must disagree, perhaps, as to whether the knife was the best thing or the X-ray the best thing, or even caustics are a good thing; but in prevention of the development of these things I maintain that we can do everything.

Dr. Rilus Eastman—I would like to say a word about the immediate laboratory diagnosis of breast neoplasms. I recall one brilliant example which came up in Gerson's clinic in which a small growth was removed from the uterus and with the freezing microtome, after the plan of Ludwig Pick, a selectively stained preparation was made within twelve minutes and the diagnosis of the carcinoma lignum returned and the radical operation was made. The pathologist who examines any piece of tissue submitted to him by the surgeon can only answer for what he sees upon his slide. There is such a thing as adenoma carcinoma in which, in a perfectly benign neoplasm of the adenoma type there may be a small focus showing the fougera schirrhous type of carcinoma. No pathologist in fifteen minutes could section a whole breast or a whole neoplasm and discover definitely whether there was present the condition of adenoma carcinomatosis. Any man who waits for the so-called signs of carcinoma of the breast, waits for the signs of inoperability of carcinoma but given the age of carcinoma, the fourth or fifth or sixth decades of life, given an individual who shows any indication of dyscrasia whatever, whether there be present any local signs of carcinoma or not, if there be present a neoplasm I think a man is acting according to the most modern and the best precepts and is doing the best surgery who errs upon the side of radicalism, if he errs at all in such a case. I think it is a pernicious practice to incise a growth, which is in any way suspicious; and for the extension of our carcinomatous process to open up the lympatics by the use of a knife in a neoplasm of doubtful character is not good surgery.

Dr. Kennedy—I want to speak particularly in regard to Dr. Hetherington's paper in regard to the education of the public about cancer. This matter should be taken up in an educational way with the physicians, with the nurses and with the public through the medium of magazines and newspapers; teaching them about pathology of cancer dangers of delay and those matters. Going for a minute to the subject of cancer of the uterus. I believe it will get far more results to teach women more about the pathology or menstruation rather than pathology. Women usually believe, and a great many physicians apparently, also, that an increased flow about the time of the change is a normal condition. I would suggest that they be taught with persistence that that is not true, that no increased flow accompanying the menopause is a normal condition. I think that rather than teach these women the pathology of

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cancer, far greater benefits would be reaped if we would teach them the physiology of menstruation. If they were taught more about the normal menstruation some specific results might be taken early enough to insure a cure by operation.

Dr. Pantzer—The subject of cancer could not have been presented more timely and more happily than was done here tonight. The difficulties of diagnosis, and indeed in a result of a single instance in regard to advice to the patient, I wish not to belittle this. But generally speaking, the diagnosis, probably, of cancer can be made with such a degree of certainty that we have rules by which to go and I for one, would not like to see the indiscriminate removal of breasts upon the mere presentation of tumor. I think we have every reason at this stage to think that we should equip ourselves, as physicians, better and that we will find the improvement and confidence of our patients in greater degree by a policy that will not simply slaughter breasts upon the appearance of tumor. Our condition of science at this time is such that we can not definitely say in every instance that a case is cancer or is not cancer; but that here we have the probability and on such probability I have been advised to operate. I would simply advise a policy of not operating in every case, at least operating radically in every case of mammary tumor but to be differentiating. In the instance of doubt call in your friends, your fellows in surgery or the pathologists, and then do what seems best under the circumstances.

Dr. Martin—We get our cancer cases earlier than we got them a number of years ago, three or four or five years ago. They don't come to us in the advanced stage of the cancer; the mutilating operations are not necessary any more. The danger of incising into a supposed cancer, you get a very small piece of tissue, that piece of tissue, however, in another area in the breast; we may have very positive signs of disease. A tumor or neoplasm of the breast is better out than in. We have no way to determine when a tumor is still inside the breast, whether there is any gradation; shall we not give the patient the benefit of removing this before it becomes a cancer? That is, to treat this cancer before it is a cancer and remove this tumor before it is a cancer, than to wait or procastinate possibly with a fatal issue.

Dr Bonn—Another thing I would like to call attention to is that the frequency of the involved chain of glands, had a recurrence to the glands around the umbilicus. In another instance in a particularly interesting form of work, by Professor Fisher of Rome regarding what he calls the oncogenic and oncolytic organs of the body. For instance, the oncogenic; what he means, for instance the spleen is removed in a patient; and a malignant growth is very much accelerated in that growth. The oncolytic property of growth is the oncolytic property of the testis or ovary; as regards the decrease in the extent of the growth. I would like to ask how long a cancer en cuirasse can last before the fatal termination sets in.

Dr. Padgett—Just a word in regard to Dr. Hetherington's paper and directly in connection with this campaign of education in regard to cancer. I am always interested to know how the public is going to take these things and how much is going to come of it. I think that perhaps not all of the education is needed on the part of the laymen. I think if we were half as badly scared and as uneasy about the cancers as these patients are we would have less trouble.

Dr. Pantzer—The simple removal of the breast is an awful thing to the female.

Dr. Payne—We should have a cancer school for learning cancer diagnosis. It is time for us to know what we are talking about. Every one has confessed ignorance on the subject.

Dr. Jackson—Just briefly to one point, and that is the question of whether tumor is always of one or the other type, malignana or benign. I don't be-

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lieve any man can say that it is true that a tumor is either always benign or always malignant. I was impressed by an article in one of the journals just last week, of an extensive study of the question of metamorphosis of carcinoma from fibroids of the uterus showing serial sections and showing, to my mind, and evidently to the investigator's, very plainly a carcinomatous metamorphosis in cells of fibroid of the uterus. The pictures lead us to believe that this matter is still an open question.

Dr. Reed, in closing—The only thing I can say in defense is that it is rather unsafe to believe newspaper diagnosis.

Dr. Hadley (closing discussion)—I wanted to call attention to the fact that twenty years ago when Halstead first began to make radical operations for carcinoma, mortality was practically one hundred per cent, but during that twenty years statistics have been collected to show that even the most radical procedure in fully developed carcinoma will not cure cancer. The medical profession has been thrown back absolutely upon the proposition of getting these cases earlier, it means that surgeons are going to have to educate themselves some way or other by the use of the frozen section method, or by a careful study of the gross characteristics. There will be a certain percent of cases in which it will always be an element of doubt—that you had better err upon the side of radicalism in that type of case without a doubt. Otherwise the situation is going to be exactly as it has always been.

Dr. Hadley showed slides to demonstrate malignant changes.

January 27, 1914.

Dr. Howard Raper, of the Indiana Dental College, gave an illustrated lecture on "Oral Sepsis and Radiography as Related Thereto."

Dr. Raper took up the question of oral sepsis as related to constitutional diseases reviewing the literature of noted men at home and abroad. In the course of the lecture radiograms were displayed by stereopticon showing proper methods of taking care of faulty teeth, abscesses, impacted teeth, pyorrhea alveolaris, and many other things pertaining to dental surgery. The lecturer stated that his purpose was primarily to inspire the medical profession to realize the importance of clean and good dentistry that patients may be directed to capable dentists which would in time eliminate quacks.

Discussion:

Dr. Henshaw—Radiography is indispensable in dentistry today. Oral sepsis is not a fad, is not overrated. Ingested pus from oral cavity can not but be harmful. It is easy to slight or overlook canal work; this is where the quack gets in his work. Appeal was made to physicians to help these patients.

Dr. Page—Medical profession is to be congratulated on hearing the dentists' message. The work of eighteen years in and around the mouth has convinced me there are dangers arising from oral sepsis. There is a close relation to tonsil infection. The teeth and tonsils may be infected from each other. There is no question that many diseases arise from oral sepsis. Gastritis, enteritis, colitis, nephritis, tonsilitis, bronchitis, otitis, menengitis and neuritis are some of the illustrations. A stream of pus must cause trouble. The lecture shows progress. We are learning to find many diseases through the study of oral sepsis overlooked heretofore.

Dr. Lucas—Medicine and dentistry are getting closer together each year. Dr. Hunter's observations covered work done abroad but does not truly apply to dentistry in middle west America. Oral sepsis belongs to medicine as well as to dentistry, because it affects the whole body. Preparation is the secret in aseptic dentistry; eight hours may be required to properly prepare a cavity; it could be done in thirty minutes. The field of quackery is here seen. Honest dentistry must be charged for on time basis. Patients are too often advised to let teeth alone if there be no pain. Dentists now know how to treat pyorrhea. X-ray must be used to diagnose im-

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pacted teeth. Our societies should get together more often. Our cause is a one in common.

Dr. Dodds—When I see a case of endocrarditis or myocraditis a septic conditions is first suspected, or if an aged male, an enlarged prostate. In treating tuberculosis I endeavor first to see that the mouth is clean and the nose clear. The mouth is the dirtiest cavity in the body. Tonsilitis, nephritis, and anemia have been proven to originate in a septic mouth.

Dr. Wynn—We should be gratified to know there are such dentists in our city. Pyorrhea alveolaris looked upon as incurable is wrong. X-ray plates prove what can be done; these fine examples of X-ray work seem impossible. Swallowing organisms must infect, yet the stomach fluid is said to destroy most organisms from the mouth. However, some do get by and infect beyond. Lymph channels are mostly the cause of general dissemination. Our poor are not getting the attention they deserve in oral preservation. Our hospitals and dispensaries should be equipped for it. Dr. Raper's work is of a high order and is to be commended.

Dr. Bush—One thing that is lacking in our school inspection is inspection of the children's teeth. Many defects are seen in a large per cent. of school children's teeth. Adequate dental inspection would do much good and should be instituted.

Dr. Raper in closing—Contrary to the statement of Dr. Lucas I will say there is much inferior work done in Indianapolis. Quacks do cheap work cheaply. Good work requires time. Many competent young men go out equipped for doing high class work; people want cheaper work done and find quacks or inferior dentists to do it. Consequently these young men fail or become quacks. In the name of humanity will you as physicians not help remedy this very serious evil.

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GRADUATES OF I. U. AT THE CLAYPOOL.

Laughter, fun, frolic and good cheer was the order of the night at the Claypool, where Founders' Day was celebrated Jan. 16th. Loyalty was shown by the speeches of the alumni and enthusiasm was at high ebb when attention was called to the great things which the university is trying to accomplish.

The affair was happily conducted by J. G. Collicott, superintendent of the Indianapolis schools, who acted as toastmaster, and there were toasts by Ralph E. Richman, W. W. Spencer, Dr. A. W. Brayton, Mrs. Walter Greenough, Dick Miller, Vinson Carter and William Lowe Bryan, president of the university. The local alumni felt greatly honored by having President Bryan with them, and he made an address full of the spirit of the deepest things of university life. Mr. Collicott read telegrams of congratulation from the alumni of a number of cities and counties.

At the conclusion of the banquet the local alumni association elected the following officers: President, George M. Cook; vice-president, Miss Arda Knox; secretary, John Stuart, and treasurer, Paul Davis.

All of the speches were good. Dr. A. W. Brayton reviewed the past, was optimistic concerning the present and predicted great things for the future. In 1880 he was teacher of chemistry at the Indianapolis high school, then professor of chemistry and toxicology at the Central College of Physicians and Surgeons, later in charge of several departments of the Medical College of Indiana and now a teacher and chief of one of the clinics of the University Medical School. It was especially appropriate for him to talk on "Indiana's Medical Heritage."

He outlined briefly the great difficulties which the Indiana physicians had to overcome in the early days, and rejoiced in the fact that so many new things are constantly being discovered in modern medicine. Dr. Brayton ex-

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pressed his pleasure that the medical college in Indianapolis had been amalgamated with Indiana university and had become a part of the state's great school system.

President William Lowe Bryan closed the toast list with an elaboration of what he termed his philosophy in relation to the university. He said it takes all kinds of men to make up a world, and it takes all kinds of men to tell the truth about the world. In the same way it takes all types of men successfully to make up the organization of a university, he said, and it is necessary that a university shall graduate all types of men, to be successful.

Other Founder's Day Dinners.

County organizations of Indiana university alumni held Founder's day dinners throughout the state. Professor C. J. Sembower addressed the meeting at Brazil, and Professor U. G. Weatherly talked at Terre Haute. U. H. Smith, bursar, was the speaker before the Grant county alumni at Marion. Professor E. H. Lindley was at Bloomfield, where the toast list included J. H. Haseman, of Linton; W. T. Brown, of Bloomfield; Dr. E. T. Sherwood, of Linton; E. B. Rizer, of Worthington; James H. Humphreys, of Linton, and W. W. Carter, of Bloomfield.

The South Bend alumni organized with Dr. Charles Stoltz as president, Miss Mabel Taylor, secretary and Emer Peak, treasurer. Professor Carl Eigenmann spoke.

Meetings were held at Peru, Anderson, Jasper, Martinsville, Washington and elsewhere. S. E. EARP.

CORONER DURHAM'S REPORT.

Dr. C. A. Durham, who has served two terms as coroner, will be a candidate for renomination. He has been very attentive to the duties of his office and has earnestly done what he believed to be right.

His annual report filed this month shows that six hundred and forty-four inquests were held during 1913. Thirty-five persons met death at the hands of murderers. The suicide record is large.

Eight-three persons took their lives during the year. Of this number six were colored. Fifty-seven white men and twenty white women committed suicide.

Forty-six were killed in steam railway accidents. Ten were killed in the county by interurban cars. This number is unusually small when compared with the records of other years.

Twenty lives were lost in street railway accidents. Twenty-six were drowned during the year.

In addition to the list of classified accidents 130 persons lost their lives in the county as a result of other accidents. Included in this list are many who were burned to death.

Automobile accidents of all sorts cost the lives of ten. This is an unusually small number when compared with the records of other years.

The report shows that the number of deaths from natural causes where inquests were necessary to determine the exact cause of death, was 194.

FROM DR. MUMFORD.

The Children's Hospital, Huntington Avenue, Boston, January 5, 1914.

My Dear Doctor Brayton, Editor Indianapolis Medical Journal:

Once more am I enjoying the interesting life of an interne and it certainly is good to be on the wards and in the operating room. Telephone calls these cold nights have lost their terror and a forecast of a blizzard doesn't mean anything.

I am more than pleased with the work here and am finding the opportunities for study almost unlimited. The staff and other house officers are always ready to answer all questions and to demonstrate their work.

The surgical service which I am taking is divided into two groups, orthopedic and general. My mornings are spent on the wards with the visiting staff and in the operating room and the afternoon in the Out Patient Depart-

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ment. The general surgical service is filled for the most part with the congenital defects, as hair-lips and cleft palates, hernias, imperforate anus and some acquired diseases as appendicitis, fractures and intestinal obstruction. The orthopedic service presents all phases of diseases of the bones and the joints. This morning we had four congenital dislocations of the hip, one tendon transplantation for a volgies foot following infantile paralysis, one osteoclasis and one osteotomy for bow legs. The hospital has a convalescent home at Wellesley with a capacity of ninety patients to which are sent all cases just as soon as they are over the acute stage of the disease. This makes possible a very active service. Last year the beds on the orthopedic side were used twenty-seven times while at the Hospital for Ruptured and Crippled in New York they were able to use the bed but seven times. At present there is a waiting list of about two hundred surgical and sixty orthopedic cases which will be brought in on a day's notice.

A great deal of interest is being taken in the treatment of tuberculosis of the spine by the methods of Albee and of Hicks. It has been demonstrated that a rigid spine can be obtained by either method and the convalescence of the case greatly shortened. A careful study is now being made to determine the effect of this graft upon the growth of the spine. Last week a second operation was done on a tubercular spine and two points were brought out. First that the graft must include at least two spines above and two spines below the kyphos as shown by the X-ray. In this case the first graft had not been long enough. The second point observed was that the graft welded together the spinous processes and gave absolute fixation.

Considerable interest is also being taken in the use of the silk ligament for the lengthening of tendons and for the correction of deformities following paralysis of groups of muscles. There is considerable difference of opinion as to the value of this operation. An important point that has been shown is that the knot of the silk must have more covering than the skin and subcutaneous tissue—in other words it must be buried deep or otherwise through irritation it will break through and become infected.

There is some emergency work and usually of an interesting type. Several nights ago a case of appendicitis in a baby nineteen months old was operated upon. The appendix was as large as the average one found in adults. A post-mortem on an intestinal obstruction case in an infant six days old would have been of interest to Dr Eastman and Dr. Pantzer as a well defined Jackson's membrane was found which acted as a constricting band.

I trust that you are enjoying your usual good health and that the new year will bring you much in the way of happiness.

With kindest regards. Most cordially yours,

EUGENE BISHOP MUMFORD.

THE ROBERT W. LONG HOSPITAL AND ITS TRAINING SCHOOL FOR NURSES.

The Long Hospital will probably not be open to patients until about May 1st. The building has been completed but the State appropriation which will be needed for running expenses will probably not be forthcoming until that date. The hospital will be free to the poor of the State and the staff will consist of the faculty of the Indiana University School of Medicine, the dean of which is Dr. Charles P. Emerson.

The training school for nurses will be of the highest order. This school offers general training in all branches of practical nursing. The course is of three years' duration. All applicants for admission must comply with the entrance requirements of the collegiate department of Indiana University and all courses given will be of the collegiate grade. A nurse who has taken three years, if she so elects, can ob-

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tain credit in any of the colleges for two years if she desires to obtain a college degree. Alice Fitzgerald is the director.

It is said that this hospital is simply the nucleus of a great institution and that several persons contemplate giving large sums of money. Very recently Geo. M. Kerr of Broad Ripple donated a farm valued at $5,000.00.

FROM THOS. SPEED MOSBY.

Jefferson City, Mo., Jan. 30, 1914.

My Dear Dr. Earp:

I am certainly in most hearty accord with your views of early education. My own observation is to the effect that a child of three is sometimes more susceptible of intellectual and moral training than a man of thirty. Indeed, I am not quite sure that this is not universally true. I shall take great pleasure in writing my views upon this subject and will send you a short manuscript soon.

Sincerely,

THOS. SPEED MOSBY.

This letter refers to the editorial on "Crime" in the January issue of the Indianapolis Medical Journal. It is a pleasure to know that a contribution from this well-known author will follow.—Editor.

FOUNDATION DAY AT BLOOMINGTON.

Indiana University's ninety-fourth birthday was fittingly observed Jan. 20th, in an elaborate program and a general holiday.

Dean Charles P. Emerson of Indianapolis, head of the medical school, gave an address in the Auditorium on "The Place of Medicine in Science" to an audience that packed the main floor and galleries. President William Lowe Bryan presided and music was rendered by the glee club and orchestra.

A luncheon was given by the faculty and later players from Chicago rendered two plays. The classes, garbed in their distinctive dress, marched in the parade about the campus and to the auditorium.

KING GEORGE'S STAMPS.

King George of England owns one of the most valuable stamp collections in the possession of any individual in the world. Part of the collection of the late earl of Crawford, second only to that of the king, who has been collecting since his boyhood, was recently sold in London for $80,000. The king's collection will probably never come under the hammer, as it will doubtless eventually go to some museum.

HOSPITAL NOT LIABLE FOR DAMAGES.

A suit for $15,000 damages, filed by Oren H. Faught, against the Protestant Deaconess Society of Indianapolis, ended in Superior Court, Room 3, when Judge Rochford instructed the jury that the institution was a charitable organization and, as such, was not liable for damages. Faught alleged that an operation which he underwent at the hospital was not performed skillfully.

TYPHOID PREVENTION A SURE THING.

Five hundred French soldiers of the Ninth battalion of Alpine chasseurs were vaccinated in 1912, on their departure for Morocco. The column spent fourteen months exposed to the dangers of an active campaign against the revolting natives and returned to France. Examination showed that not a single case of typhoid occurred among the vaccinated soldiers.

THE OLDEST PEDAGOGUE.

The oldest living school teacher in New York state is said to be Nathan Perry Beers. He is now ninety-one; he retired from his profession ten years ago after having taught for sixty-five years. When he began teaching, he was perhaps the youngest teacher in the state, for he received his first appointment as teacher at the age of fourteen.

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MRS. S. WEIR MITCHELL DEAD.

Mrs. S. Weir Mitchell died Jan. 15th, at Philadelphia, of pneumonia. She became ill after the funeral of her husband. Mrs. Mitchell, who was seventy-seven, was Mary Cadwalader, member of a famous Philadelphia family. She was prominent in social affairs for more than half a century.

NEWS ITEMS.

The city board of health has appointed Dr. A. L. Marshall, superintendent of the City Dispensary, Dr. Frank Dowd, inspector of contagious diseases and Dr. Carl Habich, chief of medical school inspectors. Dr. H. G. Morgan, city sanitarian has been retained. He has made a good officer. This is also true of Dr. Dubois bacteriologist, who was relieved for a time under Mayor Shank's administration but his special qualifications for the position was the means of his reappointed later on. Employes who are especially adapted for a special kind of work and do it well should be continued in office. This seems to be the idea of Mayor Bell who has proven himself to be a good mayor..

Dr. A. W. Tucker, of Grand Rapids, Mich., medical examiner of the Pennsylvania, was in Indianapolis Jan. 26th, conferring with Dr. J. W. Talbott, the local examiner.

Paul Kimberlin, age nineteen, a nephew of Dr. A. C. Kimberlin, of Indianapolis, died of scarlet fever in Burnham hospital, at Champaign, Ill., Feb. 3. He was a freshman in the engineering department of the University of Illinois and was formerly a resident of Indianapolis.

Dr. O. T. Scamahorn is president of Henricks county medical society and the health officer at Pittsboro.

Following the editorial on "Crime and Its Courses" in the January issue of this Journal, Amos Butler, secretary of the State Board of Charities, has sent us an article relative to the indeterminate sentence which will appear in our March issue. Mr. Butler is known throughout the United States for his splendid work as a member of the State board.

Dr. Thomas V. Keene, vice-president of the city board of health in an automobile accident sustained a broken arm.

Two life-size, half-length portraits in oil, one of Dr. Robert W. Long and the other of Mrs. Long, painted at the instance of the trustees of Indiana university, have been completed by T. C. Steele. The portraits are to be placed in the Robert W. Long hospital of the Indiana university school of medicine, which was due to a liberal gift by Dr. and Mrs. Long.

Dr. Charles C. Riley died at Washington, January 6th. He was born at Cumberland forty-six years ago. He graduated from Butler College and later from the Central College of Physicians and Surgeons. Dr. Riley practiced medicine only a short time and was an employee of the B. and O. R. R. in the capacity of general manager. Dr. George Pendleton, a brother-in-law lives in Indianapolis. Dr. Riley for many years had been a 33d degree mason and a member of the Mystic Shrine.

Major John J. Boaz says that an effort is being made to organize a society consisting of the medical officers of the State militia. It will be largely a school for instruction with summer outings on the side.

Drs. H. K. Bonn and Herbert Wagnas have returned to Indianapolis after several weeks' clinical work in Chicago.

A pamphlet giving the merits of White Sulphur Springs, W. Va., has been received from Dr. Geo. D. Kahlo, medical director. Dr. Kahlo has devoted

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many years to this kind of work and has been successful. Dr. Kahlo was formerly connected with the Indiana University School of Medicine.

Dr. L. D. Carter, who graduated from the Indiana University School of Medicine in 1904 and was interne at the Indianapolis City Hospital in 1904-5 and later house physician at the Philadelphia General Hospital, will locate at 3800 East Washington street.

Dr. Frank F. Hutchins spent the latter part of January in Battle Creek, Michigan.

Dr. Wolfgang Ostwald, of Leipsic University, gave a lecture on "Colloids" before the Indiana section of the American Chemical Society at the plant of the Eli Lilly company, February 9th.

Dr. Quincy L. Williams, of Folsomville, Indiana, was shot by his brother-in-law, John E. Dimmitt, February 4th. Williams, who was armed, called at Dimmitt's residence to see his sister, and as the latter believed with harmful intent. The doctor ordered Dimmitt not to move. The latter emptied both barrels of a shot-gun into the person of the doctor, the contents of one barrel taking effect in the shoulder and the other in the breast. Disagreements between Williams and his wife were not infrequent and had been aired in court. Dr. Williams graduated from the Kentucky School of Medicine in 1893.

The death of J. E. Lambert, a well-known druggist, from pneumonia, occurred at his home, 2412 East Washington street, January 28th. He had been in the drug business for eighteen years, having succeeded his father. Mr. Lambert is survived by his mother, Mrs. Minerva Lambert, his widow, one son Harry who will continue the business, and two brothers, Dr. John and Charles Lambert, both of Indianapolis.

WHITMAN'S GREAT POEM ON LINCOLN.

Since the names of Lincoln and Washington are linked in February, we also reprint Walt Whitman's "O Captain! My Captain!" written immediately after President Lincoln's assassination:

O Captain! my Captain! our fearful trip
is done;
The ship has weathered every rack, the
prize we sought is won;
The port is near, the bells I hear, the
people all exulting,
While follow eyes the steady keel, the
vessel grim and daring;

But, O heart! heart! heart!
O the bleeding drops of red,
Where on the deck my Captain lies
Fallen cold and dead.

O Captain! my Captain! rise up and
hear the bells;
Rise up—for you the flag is flung—for
you the bugle trills;
For you bouquets and ribbon'd wreaths
—for you the shores a-crowding;
For you they call, the swaying mass,
their eager faces turning;

Here, Captain, dear father!
This arm beneath your head;
It is some dream that on the deck
You've fallen cold and dead.

My Captain does not answer, his lips
are pale and still;
My father does not feel my arm, he has
no pulse nor will;
The ship is anchored safe and sound, its
voyage closed and done;
From fearful trip, the victor ship, comes
in with object won;

Exult, O shores! and ring, O bells!
But I, with mournful tread,
Walk the deck my Captain lies,
Fallen cold and dead.

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BOOK AND JOURNAL REVIEWS.

Therapeusis of Internal Diseases. Edited by Frederick Forchheimer, M.D., Sc.D. (Harv.) Professor of Medicine, Department, University of Cincinnati (Ohio-Miami Medical College). Separate index and four volumes. New York and London. D. Appleton and Company, 1913.

The publication of "Forchheimer's Therapeutics" is an achievement of no little importance. It shows the needs of the physician in every day practice, and it will be surely recognized by all as one of the best contributions to medical literature. It buries deeply therapeutic nihilism by demonstrating that a successful practitioner must resort to what the art of therapeusis can furnish. In this important direction it will not only stimulate an increased interest in scientific research, but will also furnish a fund of information to those whose knowledge has never permitted them to lose confidence in the administration of drugs. This books represents both scientific and empirical facts and is a contribution of the highest order. The physician who desires every detail concerning the therapeutics of serums, vaccines, antitoxins, organotherapeutics, together with a mass of important material in pharmacology will find it here. Some of the striking points of change in pharmacology and therapeutics might be here epitomized:

1. Pharmacology is reclassified, not according to Chemical Formula, but to Physico-Characteristics: (1) Colloids; (2) Crystalloids; (3) Water.

2. Present Laws of Pharmacology allow control and prediction of result; besides making Therapeutics rational, it has explained and brought into existence the various Serums, Vaccines, Antitoxines, the Wassermann, and Ehrlich's "606."

3. Colloids decrease the solubility of Crystalloids and used to cancel physiological effects not desired: (1) Reactions in the body in disease; Colloids prevents Rickets, etc; (2) Reactions introduced by Therapeutics, by making insoluable any remedy not wanted.

4. Electrolytic Crystalloids—our salt and acid remedies—act only in proportion to number of free ions and not as molecules as we have understood: (1) Ions and ionic reaction in general Therapeutics.

5. Acid ionic reaction on body swells the cells up, makes them take in water: (1) In Disease as Edema, Constipation; (2) Introduced as Therapy, too excessive secretions.

6. Salt ionic reaction shrinks up body cells, makes them give up water; (1) In Disease—Diabetes, Polyuria; (2) Introduced as Therapy; a Discretic, Purgative, etc.

7. Control of where remedy acts: (1) Solubility of remedies in different organs cells. a. Thyroid, a solvent to iodine. b. Nervous system, a fatty solvent to alcohol, ether and the alkaloids. (2) Various organ cells forced to take in remedies.

8. Pharmacological standards for Therapeutic Comparison; no longer weights or percentage solution: (1) Gram—molecule; (2) Gram—molecule solution or ionic normal solutions. Illustrated in sodium, potassium and lithium bromide.

To the four volumes a general index is furnished, in separate book form, which is very convenient for desk use. The first volume takes up several subjects which have attracted attention not only in medical journals, but in the daily press as well. One of these is radium therapy, which is so detailed that it can be easily understood. Vaccine and serum therapy and psychotherapy contain information that physicians must know. No less in importance is the contribution in reference to nutrition and dietetics. The time has come when every physician recognizes that he must have a better knowledge of foodstuffs, the uses of foods, the effects of cooking on food, the digestibility of foods, starvation and overfeeding and the various methods of artificial feeding. It makes a foundation for good work in the practice of

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medicine and this volume furnishes the instructions that we need.

The infectious diseases which are taken up in the second volume give accurate means of diagnosis and a line of treatment that we believe in the main will give good results. Following closely, and appropriately so, in the next volume, we find the diseases from the mouth to the termination of the intestinal canal which in many instances can be traced be faulty metabolism and this too an error in the use of food including its selection and the means which should be used as an adjuvant in its utilization. In close relation is self-poison. The liver and pancreas are not far distant and have more than a relative importance; upon these matters, nothing seems to be left unsaid. Commendation is in order when we review the chapters on the respiratory tract. The heart in health and disease comes in for its share in this department and none the less the prevention and treatment of pulmonary disease. There has always been something very dark in the study of the anemias, leukemia, the adrenals, the thyroid and parathyroid glands. Who has not asked for more light? The author has at least made the subject brighter. In hemorrhagic diseases most of the space is taken up by the treatment and wisely so.

The fourth volume devotes many pages to the kidney, to this the reader will not object. Our ideas concerning this organ have been subject to change. During the last few years there have been many things it was necessary to unlearn, these are pointed out by the author. This Journal has published from time to time some of the good things written by Dr. Joseph Collins and he has addressed our State society and our friends will be glad to find his name among the prominent contributors to the matter on diseases of the spinal cord. The author has gone far beyond the work of many others in presenting so much on the nervous system. While this is not a work on pathology and diagnosis yet some little information is now and then given which elucidates the text. This can be recognized throughout the series. The tropical diseases are in nowise slighted, an up-to-date treatise must necessarily give plenty of space to this topic as has been done in this instance. To add to the completeness it seems to have been proper to discuss affections due to poisonous reptiles, fish and plants; diseases due to protozoa, cestodes, trematodes, nematodes, bacteria and as a finale diseases of uncertain etiology. We fully endorse the statement of Dr. J. M. Anders, that this is an excellent work for the practitioner of medicine. Nothing of importance that has value in therapy has been omitted from consideration. The prominence given to physical measures and causal therapy are especially valuable features.

S. E. EARP.

Genito-Urinary Diseases and Syphilis. By Edgar G. Ballenger, M. D., Aduncct-Clinical Professor of Genito-Urinary Diseases, Atlanta Medical College; Editor Journal-Record of Medicine; Urologist to Westley Memorial Hospital; Genito-Urinary Surgeon to Davis-Fisher Sanatorium; Urologist to Hospital for Nervous Diseases, etc., Atlanta, Ga., assisted by Omar F. Elder, M.D. The Wassermann Reaction by Edgar Paullin, M.D. Second Edition Revised. 527 pages, with 109 illustrations and 5 colored plates. Price $5.00 net. E. W. Allen & Co., Atlanta, Ga.

A well made book of good print and well arranged for finding what you want to get from it at once. The first two-thirds of the book is given to genito-urinary diseases, 372 pages. Wassermann reaction is done in twenty pages. The genito-urinary part is no doubt well done—at least it is safe and simple in its conclusions and modes of treatment—desirable for both student and practitioner. The author says of the rapid progress in treatment "an adequate treatise of yesterday becomes an outworn garment of today." But the latest diagnostic methods are considered; as, vaccine therapy; Rountree and Geraghty's test for functional activity and gen-

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erally, the more satisfactory treatment of the present.

As to syphilis we have ample explanation of the Wassermann reaction and the leutin test; the cultivation of the spirocheta pallida; inoculation of animals and the use of Ehrlich's salvarsan and neosalvarsan.

Happily, just before going to press the authors have been led to discard their complicated gravity apparatus for injecting salvarsan and neosalvarsan into the veins and have advised a simple 50 c.c. syringe. And why not? The writer of this notice uses in his clinic at the Bobbs and City Dispensary, under care of the Indiana University School of Medicine, any convenient syringe of glass holding from 5 to 10 c.c. of water for the full dose of neosalvarsan. Any convenient vein of the arm is used. From twenty to thirty doses are given each week in this clinic. A full dose is frequently divided between a mother and her children according to their weight and necessities. Since the writer has taught this method to over fifty graduates in the junior and senior year, and to as many physicians who attend his clinics or call at his office, it has become the common practice in Indianapolis and adjacent regions. We have had no bad results. We examine the urine before the use of neosalvarsan and are careful to follow the teaching of Wechselmann in his "Pathogenesis of Salvarsan Fatalities" just published. He teaches that mercury is more deleterious to the kidneys than salvarsan (which really is not a poison). The danger is in following the heavy use of mercury by salvarsan. An injection once a week into the gluteus of a grain of quicksilver, or a grain of the salicylate of mercury for six weeks is heavy mercurial treatment and should not be followed by salvarsan injections for two or three weeks. The only deaths really caused by salvarsan are in the cases where heavy mercury treatment has been followed at once by salvarsan or neosalvarsan. Therefore always examine the urine for albumen and casts before beginning the use of salvarsan. Mercury incites a tubular nephritis in heavy doses. Salvarsan incites a vascular nephritis, and the two together are more than the kidneys can stand. Capillaries close; there is diminution of urine or even no secretion and the patient's life is in danger. Wechselmann had but one death in 25,000 injections due to salvarsan and this was in a case where heavy mercurial injections were followed by salvarsan—the vascular nephritis was added to the tubular nephritis and death was the result. Even in "combined treatment" (mercury given in any way while salvarsan is being used) the urine should be often examined for albumen and tubular casts. But Dr. Ballenger has all this in his book, and taken all in all, it is up to date in its treatment of syphilis which now stands next to tuberculosis in importance as a disease of civilized peoples.

A. W. B.

The Elements of Bacteriological Technique. By J. W. H. Eyre, M.D., Director of the Bacteriological Department of Guy's Hospital, London. Second Edition, rewritten and enlarged. Octavo of 518 pages, with 219 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $3.00 net.

The methods for the study of bacteria are concisely given. This includes the old as well as the new and in fact the text follows the idea of the author of practical and applied bacteriology as outlined in his laboratory work. The illustrations were especially prepared for this volume and are helpful.

This book is a good laboratory guide and can be used by the technical student generally, whether of brewing, dairying, or agriculture.

The staining methods are described plainly and the material condensed. The methods of indentification and study are a valuable chapter. What is said concerning the experimental inoculation of animals and autopsy examination and also experimental infections during life are valuable. One of the best chapters treats of bacterical analyses.

S. M. B.

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Obstetrics for Nurses. By Joseph B. DeLee, M.D., Professor of Obstetics in the Northwestern University Medical School, Chicago. New (4th) Edition. 12mo. of 508 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth $2.50 net.

But few changes have been made from former editions since the principles remain about the same. Some valuable additions have been made as the after-care of fistula operations, Momburg's treatment for hemorrhage, and blood transfusion. The chapter relative to infant feeding has been revised. The amount of space given to Cesarian Section is greater than heretofore. There are new illustrations and colored plates.

The completeness of this treatise makes it a good book for the medical student as well. S. E. E.

Anatomy and Dissector in Abstract. By Stewart L. McCurdy, A.M., M.D., author of Oral Surgery, Orthopedic Surgery, etc., and professor of Anatomy and Surgery (Dental Department) University of Pittsburg. Fourth edition. Published by Medical Abstract Publishing Company, 8103 Jenkins Arcade Building, Pittsburgh, Pa.

Any person who desires to know anatomy should carry this little book in his pocket. It is clear and concise. The 81 illustrations are good, The witness in court may also find this treatise in abstract, one of convenience. The subject matter is arranged to conform in a general way to Gray's Anatomy, but Cunningham, Morris, Piersol and Toldt have been used as reference. S. E. E.

A Clinical Manual of Mental Diseases. By Francis X. Dercum, M.D., Ph.D., Professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia. Octavo of 425 pages. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $3.00 net.

The contents of this book are based upon the lectures of the author at the Jefferson Medical College and furnishes a practical treatise throughout. The classification and general arrangement are presented so that the reader can easily obtain a good understanding of the subject and yet its thoroughness is at once appreciated. If the general practitioner finds it difficult to recognize mental diseases in their early stages he can find herein a great help. To present the subject from a clinical point of view is a good plan. The psychologic interpretation of the symptoms of insanity is presented in a special part of the book. No one will dispute the truthfulness of the author's assertion that to the practising physician, to the needs of state medicine, of public hygiene and prevention, that of internal medicine will ever prove the most important. There is no portion of this book but what is important and no part is uninteresting but those chapters to which particular attention might be called relate to clinical forms of mental disease related to the somatic, the neurasthenic-neuropathic insanities, the heboid-paranoid group and the psychologic interpretation of symptoms. Treatment in part IV is brief but perhaps all that is required in a book of this size. S. E. E.

Woman and Morality. By A Mother: Men and Morals, by A Father; the Sexes Again, by C. Gasquoine Hartley (Mrs. Walter M. Gallichan). Introduction by Wallace Rice. 1914. The Laurentian Publishers, Steinway Hall, Chicago.

The closing words of Wallace Rice will give the reader a hint of the contents of the book. He says we may thank the cause of progress that we are about to pass from the era where hypocrisy was the single aim of the intelligent, and ignorance the sole ideal and armor of youthful innocence.

The first contributor says that the real fact is, that every man who is not married is leading an immoral life. An extreme position is taken, yet there is some argument that true morality is only thinkable or obtainable through the purity of sex union, to this all will not agree. A problem is presented by the author, but the solution is not made clear.

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The paternal contributor seems to have arrived at the conclusion that chastity is an abnormal condition and confuses absolute continence with the doctrine of original sin. Mrs. Gallichan, concerning the sexes, says some good things. She thinks that the change for the better will be gradual because a large section of society will not hasten to give up the accepted customs and stand perplexed as to how they shall readjust their sexual conduct. The views expressed may set others thinking and something of advantage may result. Oh, well, perhaps in the far distant future those of our own blood may look at the crumbling ruins of the past and recognize the renaissance; oh for the millennium, but not until then we fear, can there be such a revolution of morals as suggested in some portions of this book.

S. E. E.

The Wellcome Photographic Exposure Record and Diary, 1914. Burroughs Wellcome & Co., New York. Price 50 cents.

This book is a guide to good work for the amateur, as well as the expert. It tells all that is necessary about chemicals and their use, exposure and every detail about development. There are blank pages for records.

Biography of W. T. Stead, Journalist.

A kind of superman among journalists was W. T. Stead. A full story of his life necessarily would contain much that has to do with the most advanced thought and progress of our times. His many friendships with leading statesmen and literary men would give an unusual interest to an account of his life.

In the recent book by his daughter, Miss Estelle W. Stead, entitled "My Father, Personal and Spiritual Reminiscences," she does not attempt to set forth a complete life, but only reminiscences covering the various periods of his career. The best parts of the book are quotations from Stead's own writings about himself and his achievements.

In due time some one will write an entertaining biography containing in more detail Stead's journalistic action in world movements and his great friendships with great men, such as Gladstone, Rhodes and many others. But his psychic life is also important. He was governed largely by premonitions and an insight which led him to act on impulse, often against the judgment of his best friends. It will be remembered that Stead was drowned when the Titanic went down. Premonitions that he would be killed were written by him in letters as far back as 1885. In telling of a letter to the bishop of Truro, he wrote:

"I told the bishop that I knew what the end would be. That after the work was done which my living could do, I should be killed, and that my killing would do more good than my life, and a lot more."

In the closing chapter Miss Stead tells how, three weeks after her father's death, his spirit appeared to those in waiting. She says: "Clearly he showed his face that all might see, and as it faded into darkness his voice rang through the room, and he spake, saying: 'All I told you is true—'"

An interesting portion of the book relates Stead's friendship with that remarkable man, Cecil Rhodes. (New York: George H. Doran Company.)

FEBRUARY CENTURY.

The Midwinter Fiction Number is the February expression of "the new spirit of the century." This issue contains seven short stories, including "The Temple of the Countless Gods," a modern Japanese romance by John Luther Long, author of "Madam Butterfly;" "The Last War in the World," a story of the future by H. G. Wells. The latter is a flight of the imagination and a vigorous protest against war.

Artistically the number is unusually rich, containing besides the many illustrations for stories and articles, an unpublished portrait of Benjamin Franklin, recently discovered and attributed to Fragonard; a Rembrandt painting engraved on wood by the master wood en-

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graves, Timothy Cole; numerous photographs printed in tint; a valentine fantasy reproduced in full colors from a painting by Anna Whelan Betts; a painting by George Inness entitled "Under the Greenwood." The cover design is a landscape by George Inness, Jr.

"The Mexican Menace," by W. Morgan Shuster, author of "The Strangling of Persia;" and "Racial Consequences of Immigration," one of Prof. Edward A. Ross's important series; and "The Boy Who Goes Wrong," by H. Addington Bruce, are among the more serious articles. Percy Mackaye's bird masque "Sanctuary" is the leader of the poetic contributions; and ten pages are devoted to the comic section, "In Lighter Vein."

HAVE YOU SEEN THE HILLS OF BROWN?

Have you seen the hills of Brown,
Tall and fair?
Have you wandered up and down
Over there
Were you lost upon the way?
Did you follow all the day
Roads that led you far astray—
Anywhere?

Did you "turn to left, then right,
Then left again,"
Till you dreamed throughout the night
In weary pain
That you "follered" still the "crick"
Till its windings made you sick,
And the sumach bushes thick
Turned your brain?

Did you go through Goshen, too,
And mount again,
Just to get Bear Wallow view?
A bachelor's den—
Here he lived alone and died,
Hermit, he, and woe betide
Women who his patience tried—
He hated them.

Did you note the distant blue
Of hill and dale?
Gullies deep appeal to you
Along the trail,
While the omnipresent creek
Whose ambitious waters seek
To compass all of which I speak,
Crossed the vale?

Did the overhanging ledge
Reveal to you
Ancient strata, edge on edge,
Foundations true,
Which the glacial ages chopped
When the ice the hills o'ertopped
And the frightened mercury dropped
A notch or two?

Did you climb above the trees
On Weed Patch hill?
Joyously inhale the breeze
And gaze your fill?
Far below you lay the town—
Wooded hillsides sloping down—
Haven't you seen the hills of Brown?—
I hope you will.

—Maude Elizabeth Pate, in The Indianapolis News.

DECIDED VENUS HAD ADENOIDS.

The events to which the modern child is educated in matters of hygiene appears from a recent episode in a Boston school:

The class had visited the art museum and the teacher wished to learn what the children had observed and how they were impressed. The subject of the moment was the exquisite head of Aphrodite, one of the chief treasures of the museum. A little boy, who frantically waived his hand, was called upon. He announced triumphantly:

"I noticed she had adenoids."

"Why, Peter," exvlaimed the shocked teacher. "What do you mean?"

"She keeps her mouth open all the time," was the reply.

—Youth's Companion.

UNCHANGING.

Gibbs—A man's best friend, they say, is a full pocketbook.

Dibbs—An empty one is his most constant friend, because while others may grow cold, he will find no change in his purse. —Boston Transcript.

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INDIANAPOLIS MEDICAL JOURNAL

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SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
24½ Kentucky Ave., Indianapolis.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

COLLABORATORS

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ORIGINAL COMMUNICATIONS.

PITUITRIN IN GYNECOLOGY AND OBSTETRICS.

By E. E. Padgett, M. D., Indianapolis.

In the field of obstetrics and gynecology where our drugs as specifics are few and where the temptation to operative interference is great, the advent of pituitrin is hailed with surprise, delight and exaggeration. Surprise as to the claims first made for it. Delight at its prompt and efficient action and often, I believe, with exaggeration as to its results. However, after its few years of use by men of all classes and possessed of all degrees of nerve, skill and judgment it has come from the haze of uncertainty with the odds in the shape of clinical results very much in its favor. So much so that it has come to be looked upon as an adjunct in the treatment of these cases that can not in good judgment be ignored.

It shall be the purpose of this short paper to summarize the various points pro and con in regard to its clinical use.

The extract of hypophysis (pituitary extract) to the active principle of which commercial firms have given the name Pituitrin was first observed by Schuler and Magnes. It has been investigated in various capacities and its connection with acromegaly rather definitely established still its direct action in such cases is unknown. Besides this these investigations have definitely established for it a selective action and it is now conceded to be a general stimulant to all plain muscle especially sensitive in its action on the heart, spleen and uterus. It was as late as 1906 that Dale mentioned its pronounced action in uterine contractions.

Anatomical observations and experiments on animals have shown that the extracts of hypophysis have an exciting action on the pelvic organs.

In the clinic at Florence it was demonstrated by Cighiri that in pregnancy there is an increase in the secreting

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function in the cells of the hypophysis by the increased number of cells in function and the greater abundance of granules in their protoplasm. He concludes that in pregnancy there is an increase of secretion of the hypophysis through the presence of abnormal toxin substances and the granular secretion is markedly modified in character.

Theoretically according to Bassi the extract of hypophysis acts as an antiovariam lessening the action of the ovarian harmones exciting the unstriped muscle fibers and increasing the uterine contractions.

Practically the drug is to be used with utmost discrimination. Bad results will be noted unless strict indications are present for its use. To give such a powerful drug in the face of an impossible delivery from a faulty position, an extremely contracted pelvis or in a threatened uterine rupture simply invites disaster and the fault is with the attendant rather than the drug.

The indications and conditions for its use are well given by S. Marx of New York, in the American Journal of Surgery. He says its principal indication is in a case of secondary inertia and again in a lesser degree in primary inertia. Know your case from all sides: position, presentation, size of pelvis and head, condition of local parts and that of the mother and child. Patient must be actually in labor as the drug will not act in a pregnant uterus except labor pains be present. As a method of inducing labor it fails if used alone. "It has absolutely no effect in producing an abortion."

Favorable conditions that should be present: "Secondary uterine inertia which presupposes that the woman is in labor, that the cervix is dilated wholly or in part. Position and presentation normal or relatively so, that the head is engaged or the pelvis large enough to permit of an engagement and that the woman is not exhausted from a pathological cause and presents fever or pulse rise indicative of sepsis with a lower uterine segment not too much thinned."

Contra Indications. Local conditions which make delivery impossible. Heart and kidney affections and conditions that exist with high blood pressure. Mild eclamptic cases in the hands of Marx have done well under the drug. With the indications present, the conditions favorable and the reasonable dangers eliminated beforehand the drug may be given in good judgment in cases of delayed labor and while it will never dispense with the use of the forceps it will materially lessen its use and abuse.

The drug should be given with an ordinary hypodermic syringe and given intramuscularly, seldom if ever intravenously, and the amount varies from 5 to 4c.c. Its effect is short lived and may be repeated as early as thirty minutes after the first dose. It is supposed, in fact, claimed that the drug has no cumulative effect but it is well to keep in mind the possibility and thus hesitate before giving it too often in a short space of time thus helping to prevent tetany of the uterus. In favorable cases its action should be seen in increased uterine contractions in 10 to 20 minutes after injection and in favorable cases delivery may be expected in 30 to 45 minutes after its effects become noticeable.

The conclusions as to its use in obstetrics have been most carefully tabulated by J. Cliffton Edgar, New York., in a paper read before the American Gynecological Society, at Washington in May, 1913, as follows:

Reported 70 cases from Belview and Manhattan Maternity and private practice, classified as follows:

First and second stages of labor	39
Immediately after labor	19
Caesarean section	6
Induction of abortion	6

From these cases he concludes:

1. Ampules or vaporoles of the drug should be used alone, as in his experience constant results failed when bulk solution was used.

2. There are three reliable proprietary preparations now on the market.

3. For decided action, 4 gramme of the drug was usually called for, although in ordinary cases with little obstruction half this amount was sufficient.

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4. As the effect of the drug lasted about 30 minutes often repeated doses were called for.

5. Intramuscular injections were usually satisfactory causing no local pains or reaction and no outward constitutional symptoms were produced in maximum doses.

6. Pituitary extract could be combined with ergot when the action of the former failed and with heart stimulants in shock cases.

7. Pituitary extract has no place in normal obstetrics, its use being limited to cases of primary or secondary inertia; post-partum hemorrhage and Caesarean section, in the last as a substitute for ergot.

8. The drug produced strong intermittent uterine contractions often prolonged for several minutes, but he had never seen true tetanic contractions.

9. The contractions often approached continuous and in the face of resistence might be so considered.

10. Full and even small doses of the drug in the first stage of labor had caused in his cases fatal compression of the fetus; premature separation of the placenta and deep tearing of the cervix.

11. In the first stage or where some obstruction existed in the second stage he gave small tentative doses not with a view to complete delivery by the drug but the bring the head in easy reach of a simple forceps operation.

12. The extract acted promptly and effectively in most of the 39 cases of inertia in the first and second stages of labor. Its actions were more positive in multipara than in primipara. It acted better at full term than in premature cases. Also better in the second than in the first stage and when administered immediately after the spontaneous or artificial rupture of the membranes. In the 18 cases in which the drug had been used immediately after the third stage for post-partum hemorrhage due to inertia his results were disappointing so much so that he considers its action here most unreliable and not as positive as ergot.

13. In Caesarean section he could not observe any advantage in the drug over ergot except its more prompt action.

14. In induction of labor the drug alone failed to initiate contractions but apparently initiated them after the use of gauze, the bougie or the hydrostatic bag. His belief was that the drug strengthened already existing contractions not yet perceptable to patient or physician.

15. For primary inertia in abortion cases his results were disappointing.

16. In atony of the bowel and bladder and as a galactogogue his results were frankly negative.

17. Dangers to mother and child must be kept in mind, namely, death or deep asphyxia of foetus, separation of placenta or uncalled for laceration of cervix or possible rupture of the uterus.

18. Two and probably four of his 39 cases due to inertia were still-born as a result of the use of the drug before complete dilatation, and in three cases there was deep laceration of the cervix requiring suture to control bleeding.

19. As to its use therefore before complete dilatation he considers it about equal to and more dangerous than ergot, because of its uncertainty.

20. The action is most uncertain and one can never predict in a given case either from the kind of inertia; the obstruction to overcome or the amount of the drug used just how powerfully it will act on the uterus.

21. He has repeatedly observed in cases in which one-half the usual dose was given such powerful uterine contractions that uterine rupture was iminent and anesthesia was resorted to to control contractions.

22. In his opinion the drug should never be administered except where preparation is made for anesthesia and preparations complete for immediate operative delivery in case the emergency arises.

25. Finally, with due regard to its action and possible dangers, pituitary extract is a most valuable addition to the resources for treatment of primary and secondary inertia.

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From a surgical and medical gynecologic aspect pituitrin has a field of usefulness however limited. Again we are indebted to Marx, of New York, for a summary. His statements in substance are as followe: Persistent sub-solutions, where local treatment fails and curettage is refused forms a useful field for pituitrin, especially where the condition is due to retention of secundives. An hypodermic injection once or twice a day rapidly causes a cessation of the bloody discharge, expels blood clots, or fetal products and produces a rapid involution of the organs.

As the temporary means in hemorrhage from uterine fibroid it will reduce the hemorrhage and allow the patient to recuperate in order to put her in condition for operation.

In his hands it has been successful in at least one case of hemophilia in which there was prolonged and persistent bleeding from the uterus.

In these cases in which there is persistent bleeding from the uterus in spite of repeated curretting pituitrin has been found a valuable aid. In these cases it seems best to give these patients about two injections in the twenty-four hours. While I can find little or nothing in the literature I am inclined to believe that it will be a valuable aid in cases of postpartum infections. Its value here can be simply to reduce size of the uterus and furnish tone to the flabby muscle.

STAB WOUNDS OF THE DIAPHRAGM—CASE REPORT.

By Norman E. Jobes, M. D., F. A. C. S., Indianapolis.

The cases I have to report deal not with stab wounds in general, but with stab wounds of the diaphragm. The three cases had certain common features, namely, the victims were all young and vigorous adults, the wounds involved the left side, they were received in face to face combat. Nothing was known of the character of the weapon with which the injury was inflicted—it may have been a stiletto in one case, a dirk, dagger or a pocket knife in the others. These details were lacking. In no case was there any indication of injury to the lung. Two of the individuals were white, the other a colored prize fighter.

Case 1. Stab wound 1½ inches long well toward the lateral aspect of the thorax at the lower border of the eighth rib, small bit of omentum protruding from the skin incision. Condition of patient such as to indicate a free loss of blood from some source. A median laparotomy revealed but little hemorrhage in the abdomen and the viscera apparently intact. Wound in diaphragm too remote from abdominal opening to be closed by intra-abdominal manipulations. A two-inch fragment removed from the eighth rib, omentum ligated and removed, and a one-inch incision in the diaphragm closed with chromic gut. Abdominal wound closed prior to this. Thoracic wound closed with rubber tube drain. The ingress and egress of air through the tube proved to be such a source of discomfort to the patient that it was removed and an occlusive dressing of sterile gauze applied, the meshes of which were well filled with sterile vaseline. Recovery uneventful.

Case 2. Thoracic wound in the sixth interspace, about four inches from the mid-line. Median incision through abdominal wall, air escaped from peritoneal cavity as peritoneum was incised and as the viscera were retracted from the diaphragm the whistle of the air as it rushed through the rent in the muscle became pronounced. Peritoneal cavity slightly soiled with blood; no other foreign material present and no apparent visceral injury. Abdominal wound closed, rib resected, diaphragm sutured and thoracic wound closed. Death in six days from a circumscribed sub-diapharagmatic peritonitis. Autopsy revealed a small puncture of the cardia of the stomach well towards the esophagus, a part which could not be brought into the wound for inspection, nor could it have been closed through the ab-

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dominal wound without much difficulty.

Case 3. Stab wound at approximately the same position as case 2. Excision of a three-inch section of rib, wound in diaphragm enlarged, the viscus immediately beneath grasped and brought into thorax. Small perforation of stomach closed with continuous Lembert of silk. Diaphragm sutured and thoracic wound closed with but a small drain. Abdomen opened and found slightly soiled. Sponged dry and closed. Recovery uneventful.

It is interesting to note in connection with these case reports the limited consideration which is given to the subject of wounds and hernia of the diaphragm in Holmes System of Surgery, published in 1881. He says: "We are silent on the subject of treatment. We cannot hope to close the aperture by any measure which science or mechanical surgery would justify, could we accurately detect the existence of a protrusion it were in vain to attempt its reduction with any benefit to the patient or credit to ourselves."

Enough in this to serve as a theme for many sermons on the dogmas and traditions of medicine.

I think that I am fairly safe in saying that while a patient may survive the original injury, every wound of the diaphragm is a potential hernia. It has been proven by Refetto's experiments on dogs that cicatrization of a wound of the diaphragm is possible, but it has also been proven that such cicatrization is rare and is not to be depended upon. It is a well established custom, if serious symptoms invite, to invade both the abdominal and thoracic cavities and as in these wounds both cavities are involved, a probability of visceral injuries always exists and a diagnosis of diaphragmatic injury should mean an immediate operation if for nothing more than the repair of the wound of the diaphragm.

Frey has collected 33 cases in which no attempt at operative treatment had been instituted and of these 29 died. In two of these hernia of the omentum only occurred and in 29 there were hernia of other viscera. In 21 death was due to strangulation, seven of these occurring immediately, the remaining dying at a later period. Two cases with death have, I believe, been reported by members of the Indianapolis Medical Society.

Operative cases with recovery are comparatively frequent. When the character of a wound makes it possible, not probable, that a lesion of the diaphragm exists a direct exploration of the wound should be made to determine its course and extent and in a large proportion of cases an exploratory laparotomy should follow. In view of the fact that an exploratory laparotomy is advised it may seem that this should be sufficient, that injuries to viscera should be closed and the wound of the diaphragm repaired through the abdominal opening and upon this question surgical opinion is divided.

By this route various difficulties are encountered that do not confront one by the thoracic route. The dome-shape of the diaphragm makes it with difficulty accessible through either a median or lateral incision unless the wound be close to the costal attachment of the muscle and likewise in close proximity to the exploratory opening. The stomach, colon, liver and spleen are difficult to keep out of the way of your needle and out of the way of the wound without making greater traction than is advisable. It is not easy to close wounds that may exist in the viscera for the reason that they are placed vis-a-vis to the rent in the diaphragm, they are not readily discovered, and it is only by prolonged and difficult maneuvers that some of them may be exposed.

By the thoracic route the external wound serves as a guide to the wound of the diaphragm and the wound of the diaphragm likewise serves as a guide to the comparatively immobile viscera immediately subjacent to it. Pneumothorax already exists, but should it not I do not believe it contributes any very material danger to the case. It has been urged that the thoracic route does not permit exploration of the peritoneum and its contents and I believe this to be a valid objection, for by the thoracic route alone one can never be sure that the abdomen is not soiled by visceral

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contents. Undoubtedly it is easier to determine that viscera are injured and what the viscera are for case reports repeatedly emphasize the fact that these wounds are overlooked by the abdominal route. It is easier also to close the visceral wounds in most cases by a transthoracic operation, but to properly cleanse a soiled peritoneal cavity requires a laparotomy.

Of eight cases reported by Refetto in which the wounds of the diaphragm weer attacked by a laparotomy, two were cured, four died from wounds of the stomach, the existence of which was not determined at the time of operation. More extensive statistics give the mortality for the abdominal route as 62 per cent., the thoracic 13 per cent. Personally, I think that the indications are only met in most cases by invading both cavities.

EARLY TRAINING AS AN ADJUVANT IN THE PREVENTION OF CRIME.

By Thomas Speed Mosby, LL. B., Jefferson City, Mo., Member of American Bar; Former Pardon Attorney of the State of Missouri; Author of Causes and Cures of Crime; Capital Punishment; Youthful Criminals; Alcoholism and Crimes, Etc.

In the fourth chapter of my work on "Causes and Cures of Crime," a book recently reviewed with much clarity and great elaboration in The Indianapolis Medical Journal, I found occasion to set forth certain views upon the subject of education as a preventitive of crime. In the chapter mentioned great emphasis was placed upon manual training and an attempt was made to demonstrate a close relation between development of the intellectual faculties and the motor centers in the human brain. I was led to this conclusion by personal observation of many criminals and by the study of all available statistics bearing upon that subject. It seems very evident to me that the average criminal is the untrained man both mentally and physically.

A new factor, however, has been introduced into the discussion by the profoundly philosophical editorial review by Dr. Earp in the January number. His views upon early training have interested me very much. I remember an anecdote that was related of Dr. Samuel Johnson. He said that much might be made of a Scotchman "If he be caught young." I have often thought that the trouble with our whole system of training, moral, intellectual, industrial, or otherwise, is that we don't catch them young enough. History is replete with the instances of early mental development. One such case was that of Lord Macaulay. Many others will readily occur to the reader. But these cases are usually assigned to the domain of precocity, and we let it go at that. The later experiments of Dr. Montesorri, and others, however, tend to show that children do respond to training at a much earlier age than has been heretofore supposed. The fact is, in my judgment, that training does begin and it should begin with the birth of the child. That training may be faulty or not, it may be successful or otherwise, it may be consciously or unconsciously performed, but the fact remains that the training of every child begins as soon as it is brought into this world, and experiments in the nursery and elsewhere have most clearly shown that proper methods of infantile training yield results quite as satisfactory as do intelligent methods applied to children more advanced in years. The methods may be different but the results are the same. A three-year-old child cannot be introduced to the science of mathematics by the same system which would be applicable ten years later. But Professor Leo Weiner and Boris Sidis have both shown in experiments upon their own children that even this most abstruse science may by means of games and other devices be introduced into the mind of a child of tender years.

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There has been, and there still exists, a well defined prejudice amongst the people against sending children to school before the age of four or five years. Considering the systems which prevail in many schools the prejudice against early training is not to be wondered at. The inflexible system which prevails in most graded schools wholly ignores the individuality of the child, and with the result that young minds are placed in set grooves and their individuality destroyed before the dawn of intellect is fairly evident. I believe in the individuadization of training and I further believe that the process if intelligently attempted cannot be begun too early in life.

THE TRANSMISSION OF LEPROSY BY THE BED-BUG.

J. H. Hare, Indiana University School of Medicine, Indianapolis.

For many years the mode of transmission of leprosy has been an unsettled and a live question. However, since the discovery of the lepra bacillus by Hansen in 1879 investigation has pursued more definite lines, but even yet there are many difficulties. Many observers at one time even doubted the contagiousness of the disease but of late years its transmissibility is hardly disputed. Owing to the difficulty of cultivation, to the pleomorphism and many confusing forms of the organism, and to the lack of cases for many of our most capable workers not in the "leprosy zone" decisive and indisputable results are far from plentiful even yet. Another and very serious obstacle is the comparative scarcity of susceptible animals, innoculation of very few of the common laboratory animals producing typical leprous lesions.

The bacillus of Hansen, it seems, is subject to considerable variation. Originally, it was invariably supposed to be a chromogenic, acid fast bacillus, but at present some of the best informed research workers, such as Duval, recognize a non-chromogenic form. It appears that the first few generations when cultivated are non-chromogenic and later become yellow and even orange colored in culture. The form is also subject to considerable variation, long slender, slightly curved filaments to typical coccoid forms having been observed. Drs. Smith, Lynch and Rivas found some non-acid fast forms in every tube of their cultures of one of Duval's strains of the bacillus and yet regard them as types of the true lepra bacillus. While it is generally conceded to be a fact that the lepra bacillus is pleomorphous, it becomes, then, possible for unknown contaminations to enter into consideration and thus until more is known of all forms of the bacillus results of investigators may well be tinged with a shadow of doubt.

This possibility of contamination was greater by far before Duval's[1] discovery of the growth of the organisms on trypsinized media. Before this was known the only method of cultivation was by growing the bacilli with other organisms which broke down the protein and gave the lepra bacillus the cleavage products necessary for its food. The extract of putrid fish was also found to be valuable in the cultivation of these organisms. The latest and best method, however, seems to be that, discovered by Duval, who adds tryptophan directly to the media or trypsinizes the media beforehand. In this manner much of the possibility of contamination is avoided and the varied forms of organisms may more surely be called different forms of the true lepra bacillus. Bearing these facts in mind we may readily conceive why investigators are very cautious about making very decided assertions. Yet the work of Kerr in 1912 and Long in 1911 and of Drs. Smith. Lynch and Rivas[2] in the year just passed, point to rather definite results as to to the transmission of the disease.

The ancients thought they had solved the question in assuming direct contact to be the cause of the disease and truly there are many cases which can be ex-

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plained in no other manner but every one knows of the heroic work of nurses and medical men who go into leper colonies and live a lifetime without contracting the disease. Inquiry reveals the fact that there are many single cases in families which would all be infected if this means of transmission were the rule. This term, "contact," is meant to apply to infected clothing, utensils and sexual relations as well as actual bodily contact. The consensus of late opinion has been that the transmission is largely by means of the nose—inhalation of the organisms. It is undoubtedly true that the first manifestation of the disease is in the nasal mucous membrane and this is also the first place in which the organisms may be demonstrated in a great number of cases. While that these means of infection are certainly possible and even probable, is doubtless true, yet we cannot regard these methods as the rule for we know the contagiousness would be much more pronounced if they were. As far back as 1860 it was asserted by some that fish eating was the means of infection. Since the discovery of the organism it has been found true that fish, snakes, turtles and in fact a great variety of cold-blooded animals are very gracious hosts of the lepra bacillus. In these animals the lepra bacilli will grow in great numbers and may easily be demonstrated, yet they seem to cause the host no trouble whatever. It was thought that the excrement, various wastes and sewage, of an infected populace, draining into rivers or bays, would be eaten by and infect the fish which would later be eaten by the people and infect them in turn. This theory appears reasonable but the spread of leprosy too often takes place in localities where fish is such a rare article of diet that transmission in this way would be highly improbable. Still we must admit its possibility but again may say with assurance that this method is not the rule.

Many times in the past obscure methods of tranmission have been found due to the intervention of a third party so again we are led to consider insects. We have several possibilities in this direction—flies, mosquitoes, fleas and bedbugs. The fly of course may carry almost anything on the outside of its body or on its feet but in this case it has been found blameless or comparatively so. After allowing flies to crawl over and taste infected material, the lepra bacilli were found on the proboscis and on the legs; but when the legs, wings and proboscis were carefully removed and the outside of the body cleaned, there were no lepra bacilli found in the alimentary canal in any part of its extent. In Dr. Kerr's[3] experiments, flies, fleas and mosquitos were allowed to feed on infected material, but they were all found to be comparatively free from the organisms. However, when he treated bedbugs in the same way they were invariably infected.

In 1911 Dr. E. C. Long[4] secured bedbugs from huts in which there had been no lepers and allowed part of them to bite lepers and kept part of them as they were. Every one of the control bugs were found to be sterile as far as the bacillus of Hansen was concerned while the bugs which had bitten lepers were invariably contaminated and contained the organisms in their alimentary tract. He also cites a case of a man sleeping in a former leper's hut and being bitten severely during the night by bugs. This man subsequently developed leprosy and died. In conclusion he proposes that investigators determine how long the organisms remain in the bedbug, whether they grow there or not and where if they do; also if there are any other intermediate hosts. He regards the bed-bug as at least a strongly probable means of infection and transmission.

Beginning in the fall of 1911 Drs. Smith, Lynch and Rivas of the University of Pennsylvania, began a more thorough research into this question. They used flies as well as bed-bugs but made the bed-bugs the special object of investigation with a great deal of success. An attempt to feed the bugs on infected blood was a failure because they would not eat. Later they learned that

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if the antennae were removed the bugs would eat without any hesitation. In order to get them to eat they stretched pieces of fresh dog skin over infected blood and the bugs would then eat. Finding in many cases that dog skin was too thick they used rat skin. Here we may say that in the nodular type of leprosy the bugs would meet the same difficulty, i. e., a very thick skin and this would account for the lack of infection in some cases. The bugs were found to be infected in almost every case when they bit deeply. The type of micro-organism ingested was almost invariably the coccoid form. In over one hundred bugs kept for some time the baccilli were found in typical bacillary form and in greater numbers in a period of from three to ten days after biting. Also they were found in the glands of the bugs as well as in the ailmentary canal, but not in such large numbers. In from two weeks to thirty days the infection usually disappeared—some by being broken up in the tissues of the bug and others passing out in acid fast particles in the fecal material. Later they were able to feed bed-bugs on two lepers and of these bugs the majority were infected but some were not. These investigators believe that a true bacteremia is present in leprosy; the bacilli may be demonstrated in the blood and also in internal organs and in the various secretions. They explain the un-infected bugs by assuming that the thick leprous skin was, like the dog skin, too thick to permit penetration to a suitable part. Attempts to secure typical infection of laboratory animals by innoculation or by the bite of infected bugs, were failures in all but one out of several attempts. This one was produced by innoculation. The bugs refused to bite the cold blooded animals except some frogs and these by biting through a piece of rat skin. The frogs remained uninfected. However, in many cases the site of the puncture in the skin of guinea pigs bitten by infected bugs could be shown to contain lepra bacilli, while other portions of the skin contained no bacilli.

Several sources of error are possible in these experiments. There seems to be some chance of doubt as to the specificity of the strain of lepra bacilli used. In the biting of the animals by the infected bugs there may have been no bacilli in the oral glands and the mechanical difficulties of demonstrating the bacilli in such a small number and in such a small site as the puncture wound, is no small matter. Then, too, in actual cases, of human infection a well gorged bed-bug is not very apt to feed again for some time and during the digestive or waiting period the bacilli may be excreted by the bugs. The presence of the organisms in the oral glands is not invariable. The preference of bed-bugs in the matter of persons is too well known to need discussion—then some persons may be bitten and some not, even in a family after leprosy has seized one of the members. The common occurrence of bed-bugs in leper families occasions no surprise when we reflect on the class of people who usually have leprosy.

In closing the Pennsylvania investigators conclude that bed-bugs may be induced to feed on infected material; the bacilli grow in the bugs for some time but eventually disappear; the bacilli may be in the glands as well as in the alimentary canal; bed-bugs may and do at times become infected by biting human leprous subjects; bed-bugs infected in the laboratory may infect other animals by biting; and if the disease is transmitted by bed-bugs in nature, it remains to be proved. They also believe that other biting insects should be suspected and particularly those which regurgitate in biting.

From the literature at hand we may more or less reasonably conclude that (1) flies, fleas and mosquitoes are not so liable to infect by biting if they are at all infective; (2) as is possible with many other organisms, the lepra bacilli may be carried on the outside of the flies' bodies; (3) direct contact is a possible but not so probable a means of transmission as others; (4) bed-bugs are a possible and very probable means of transmission by their bite within a certain period of time.

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Notes.

1. Journal of Cutaneous Diseases, July, 1912. XXX, p. 389.
2. American Journal of Medical Science. November, 1913, p. 671.
3. United States Naval Bulletin, 1912, VI, p 316.
4. British Medical Journal. September 2, 1911, p. 470.

REPORT OF CASE ILLUSTRATING THE POSSIBLE COMPLICATIONS OF GALL BLADDER OPERATIONS.

By Thos. B. Noble, M. D., Indianapolis.

Mr. E. A. P. is fifty years old. His father and mother each died at age of seventy; three brothers are living, healthy and well. There is no history in the family of tuberculosis or cancer. He was born in Warsaw, N. Y., and has always been healthy. Has never had any venereal diseases. Was married at the age of twenty-five years. Became the father of two children, who died at seven years of age.

Present illness began six months ago with attacks of vertigo on arising from bed in the morning and by general feelings of maliase and loss of appetite. He has suffered no pain or other physical discomforts. Shortly after this time, which is now about five months ago, he noticed the appearance of jaundice, which has gradually increased in intensity until now he everywhere presents the appearance of deep biliary pigmentation. His appetite has gone, his digestion is poor, bowels disposed to be constipated. Stools clay color. During the last two months he has lost several pounds in weight. There is a loss of general muscular tone and he feels weak though he is able to be up and about.

Physical examination shows no gross lesions in heart or lungs. The liver is diffusedly enlarged, so that the lower border extends two and one-half inches below costal border. The liver is generally tender but not painful. Below border of liver in the region of gall bladder a smooth globular body can be felt which extends an inch below the umbilicus in the right mammary line and moves up and down with the diaphram. A diagnosis of biliary obstruction, probably malignant, was made and an operation advised for the purpose of proving or disproving such a diagnosis, and in the hope that something might be done for relief, either temporary or permanent.

The abdomen was opened by a subcostal diagonal incision five or six inches in length. This incision immediately exposed to view a very much enlarged and deeply pigmented liver and a very tense and enormously distended gall bladder. The gall bladder was grasped with the gauze covered hand and, with the right lobe of liver, was dragged out, upward and out of wound in such a way as to bring into view the under surface of the viscus, the common and cystic ducts. By passing the finger through the foramen of Winslow, the common, hepatic and cystic ducts were found to be enormously distended but no new growth or biliary concretion could be discovered. The peritoneal reflection over the gastrohepatic ligament and its reflection around the outer border of duodenum was now cut. The duodenum rotated forward and to the left and a blunt dissection of the cystic and common ducts was made behind the duodenum down to the point of entrance of the common duct into the posterior duodenal wall. The transverse colon was next brought out of wound and reflected upward, the peritoneum covering pancreas incised and this organ carefully inspected without the revelation of any pathological lesion here. It now became evident that the point of obstruction must be in the ampulla of vater or at the papilla, and by grasping the duodenum at this point between thumb and finger a small induration could be felt, which might corre-

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spond to the opening of the common duct into the bowel. A longitudinal incision into the anterior wall of duodenum, opposite this point was made, and the papilla was pushed forward through this incision by the index finger from behind, and we now had revealed a benigned stricture of the papillary opening which was completely occluding the orifice and shutting off the flow of bile. It became a very simple measure to cut this stricture out and suture the mucosa of common duct to that of the posterior intestinal wall. This could not be done, however, until a very copious discharge of black, tarry bile had passed out. The incision into the duodenum was next closed and an accessory drainage from the fundus of gall bladder through the abdominal wound established. Bile appeared in the stools the next day and the jaundice rapidly disappeared. The lower border of liver is now about an inch below the costal border, and shows that it has markedly decreased in size.

In a record of two hundred and twenty-four gall bladder operations this is the first instance in which I have encountered a pathological condition of this kind. I have often observed that persistent, progressive, painless jaundice means malignancy; which is according to Convoisier's law, that ninety per cent. of cases of enlarged gall gladder with jaundice are due to causes other than stones. This case is of unusual interest because of an obstruction existing, which is frequently followed by great damage to the pancreas. It happens often that the duct of Wiersung or that of Santoruni opens into the common duct proximal to and papilla, and when the papilla becomes obstructed from any cause the bile is forced into the pancreatic tissue and an acute pancreatitis is the result. This case is further of interest in that there does not seem to be present a biliary cirrhosis, a not uncommon terminal event in chronic obstructive jaundice. This case is still of further interest in that it illustrates the fact that an exploratory laparotomy sometimes brings rays of sunshine and hope where gloom and despair had previously reigned.

MOST POPULAR SONG IN THE WORLD.

Auld Lang Syne.

Should auld acquaintance be forgot,
And never brought to min'?
Should auld acquaintance be forgot,
And days of auld lang syne?

Chorus.

For auld lang syne, my dear,
For auld lang syne;
We'll tak a cup o' kindness yet,
For auld lang syne.

We twa hae run about the braes,
And pu'd the gowans fine;
Bue we've wandered mony a weary foot
Sin' auld lang syne.

We twa hae paidl't i' the burn,
Frae mornin' sun till dine;
But seas between us braid hae roared
Sin' auld lang syne.

And here's a hand my trusty fiere,
And gie's a hand o' thine;
And we'll tak a right guid willie waught
For auld lang syne.

And surely ye'll be your pint-stowp
And surely I'll be mine,
And we'll tak a cup o' kindness yet
For auld lang syne.

Twa is two; braes are mills; gowans are daisies, burn is rivulet; braid is broad; fiiere is companion; guid willie is hearty; waught is draft or drink; stowp is cup.

A LEAK SOMEWHERE.

"You can't expect us to accept stuff like this," said the indignant literary editor. "It isn't poetry at all—it's simply gas!"

"I see,' said the unruffled poet, as he meandered toward the door, "something wrong with the meter!" —Judge.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

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ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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A GERMAN TRIBUTE TO MARION SIMS.

Some of the best appreciations of Marion Sims have come from Germany, notably the discriminating eulogy of Professor Robert Olshausen, delivered at the Kaiser Wilhelm's Akademie (Berlin) in 1896. On the eve of the one hundredth anniversary of Sims' birthday, January 24, 1913, Dr. August Martin delivered a short address in Berlin, a free translation of which may appeal to admirers of the founder of operative gynecology. Doctor Martin spoke somewhat as follows:

One hundred years ago tomorrow Marion Sims was born. His name is familiar to you all because every day you use his speculum; but Sims is not immortal merely through the invention of this simple and ingeniously thought out instrument; he was a man of singularly great personality and it is no more than his right that we should devote this day to his memory. There are probably few alive today who can pride themselves on the good fortune of having known him personally. He left upon all who came in contact with him, to an extraordinary degree, the impression of a deep, lovable, fascinating nature.

He was born in a southern state of America and in his sentiments was always an ardent Southerner. Soon after he acquired his medical education in Philadelphia, he settled in Alabama. Noting the extraordinary frequency of vesicovaginal fistula in the negro women of the south, he hit upon the idea of attempting to remedy the condition. The old experience of the utter hopelessness of all efforts in this direction, which we knew from Dieffenbach's pessimistic account of it, was his also. Only after he had used silver wire sutures did he succeed, his results making a great impression in America and afterward on this side of the Atlantic. In 1882, he settled in New York. As the awkward condition of affairs between the northern and southern states destroyed all the relations to which he had adjusted himself, he came to Europe. Here his skill and success in operating made a great impression in England, and later in France. From time to time Sims would again return to America, leading a restless, nomadic life, and wherever he settled he drew patients to him in swarms, as if with magnetic power. Among physicians, too, he won golden opinions. He was a self-made man, a great man, but he never disdained, in any important situation, to learn from and to work by the side of his fellow men. He was an ardent pioneer in the vaginal operations which he first made possible everywhere by his speculum; then he became an equally

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enthusiastic laparotomist, and like his countrymen, Atlee, Peaslee, Emmet, Bozeman, like the Englishman, Thomas Keith, the Frenchmen Koeberle, Pean, and like us Germans, he operated for myoma. He came to Germany in time and was eager to learn from Germans. His book, "Clinical Notes on Uterine Surgery," which appeared in 1857, is indeed the cornerstone of the literature of operative gynecology. At that time, vaginal operations were mostly performed; but Sims went far beyond this and has left his mark in every direction. He was the first to undertake artificial fecundation. There are probably few persons alive today who knew him intimately. To know him was my great good fortune. I recall with heart-felt pleasure and gratitude the day he spent with me here in Berlin, following up my work sitting beside me at the fireside in the evening and discussing my operations, indeed all scientific questions in the most cordial, generous and appreciative spirit. Marion Sims, indeed, deserves that this society should hold his birthday in faithful and grateful remembrance."

(So much from the New York Medical Journal of February 7.) The present writer was led to a knowledge of Marion Sims by the late Dr. Thomas B. Harvey, of blessed memory, who for nearly twenty years was our leader in the "Surgical Diseases of Women." Sims' article on "Vaginal Fistula" revolutionized gynecology. His "Autobiography," written up to within two months of his death in 1863, is one of the most charming and wonderful in the history of medicine. And he was a lover true. The white rose with which he wedded his wife was worn for fifty years upon his breast and buried with him. A. W. B.

HOPE FOR A COUNTY TUBERCULOSIS HOSPITAL.

The Marion County Society for the Prevention of Tuberculosis asks for a hospital and it is much needed.

It has been pointed out that the State Legislature passed a law at the last session giving any county in Indiana the right to build an institution of its own for the care of consumptives, and it is this law which is being invoked in the conferences that are under way with the county authorities.

The fact that consumption is no respecter of persons, that it has caused more deaths in Marion county in the last five years than all other contagious diseases combined, and that it causes one-third of the deaths which occur between the ages of fifteen and thirty-five, is being emphasized.

Health records show that in the city of Indianapolis alone, between January 1, 1909, and December 31, 1913, 2,448 men, women and children in Indianapolis died of tuberculosis compared with 1,008 deaths from cancer, 287 from typhoid, fifty-two from scarlet fever and none from smallpox.

Dr. Alfred Henry, president of the Marion County Anti-Tuberculosis Society, and who is in charge of the Indianapolis free tuberculosis clinic at the University School, said approximately two hundred new cases were brought to the clinic each year, and that this fact is cited as another of the many reasons why the community should begin at once to make ample provision for a hospital.

Officers of the State Anti-Tuberculosis Society, which recently made a tuberculosis survey of Indiana, declare that there are now livng in the city of Indianapolis between four thousand and five thousand consumptives, a large per cent. of whom could be restored to health under proper treatment in a tuberculosis hospital. Because of the inaccessibility of the State hospital at Rockville and of the fact that it always is overcrowded, it has been found impossible to care for even a fraction of 1 per cent. of the Marion county cases that are in immediate need of institutional treatment.

When there is an opportunity to cure many of this five thousand why not use money to restore health rather than spend it to please the eye and add pleasure for the individual as has been done in many instances in the city and county. Many of the sick persons are now in their homes nearing death unneces-

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sarily and infecting others, when a hospital would give an opportunity to make a large proportion of them able-bodied. Father Gavisk asked me a few days ago concerning some institution where a patient with moderate means could go.

The situation is deplorable and there is a remedy at hand. Will it be applied? The campaign is on. Will it be successful? Let every one help. S. E. E.

CARDITIS.

Very frequently I have emphasized both in clinic and in this journal the ill effects resulting from an infected myocardium and perhaps it would be nearer the point to say certain conditions of the myocardium due to infection. Swift in the Medical Record for February 21 says that the cause of heart disease and also of acute joint disease in children has in most cases to do in some way with the infections occurring about the nasopharynx (adenoids, ethmoidal cells, tonsils), but especially with the infections of the gums and alveolar processes which have been irritated by the presence of decayed teeth. If we removed these sources of infection and improved the condition of the nasopharynx and gums, in most cases of acute cardiac disease, distinct and immediate improvement occurred in the condition of the child. The continuously elevated temperature would subside and the child would practically recover, though often with a murmur remaining; the presence of a cardiac murmur, however, without more definite signs and symptoms of disease we have learned to ignore. Many children are admitted for various reasons to the hospital, in whom a murmur is present, but with no other signs of illness, recovery having already occured from the acute process causing it. These facts we had learned from clinical experience, but the definite cause of carditis we had failed to grasp.

Of course, the organisms may be absorbed from any point where there is a septic process, a finger, an extremity, the genital organs, the intestinal tract, the bronchi or lungs. These organisms having an especial affinity for the heart are distributed through the coronary system of vessels causing multiple embolic processes: frequently the capillaries of the valves are affected, setting up a valvulitis with perivascular exudation; or the plugged and cause a loss of tissue, an ulcerative process; or the vessels throughout the myocardium are involved with perivascular exudations and occasionally an abscess; or the pericardium is affected. All parts of the heart are involved together, but naturally in different degrees; we have to do with a carditis, as implying that all parts are affected, rather than any one part, though some one part is likely to be more affected than the others, the processes are such as occur in septic processes elsewhere. If the organisms are comparatively few and less virulent the individual in most cases overcomes the infection and recovers with a scar remaining. There may, however, be perivascular swellings of greater or less degree with inflammatory effusions of various amount and even abscesses. The subsequent course of these lesions is such as occurs in any other organ; there must be a great variety of lesions and the action of the heart muscle under the influence of these lesions must vary.

If the supply of organisms can be cut off, just as happens in other forms of sepsis, most individuals will take care of the infection and overcome the attending toxemia and practically recover, though in many instances with a scar, which probably means a heart murmur, or if the auriculoventricular bundle is affected, a partial or complete heart block.

The latest conduct of hearts with such scars, or embarrassment by effusions or exudations, is quite a different question and perhaps such as we all have been accustomed to think of; but I am convinced that little of the older teaching concerning the pathology of acute cardiac processes has been correct. For some extraordinary reason we have satisfied our minds by using the term rheumatism as the cause of heart disease. We must learn that what we have called rheumatism is a form of sepsis, and that this is

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as applicable to the joints as to the heart. When we adjust our minds to accept the knowledge of the infectious character of these conditions, and allow this knowledge to guide our actions in the way of treatment, and regard the removal of the sources of the infections as the most important thing, we shall have made a great advance.

This excerpt shows that it has been necessary to unlearn some of the things of twenty years ago. This is the doctrine taught at the bedside clinics at the Indianapolis City Hospital. I recall that when I read a paper before the Indiana State Medical Association October 10, 1913, in which I called attention to defects of the heart due to infection, Dr. McCasky, of Fort Wayne, opened the discussion by the statement, "safeguard the myocardium." As a summary Dr. Swift has made the following points clear: (1) That acute cardiac affections are due to germ infections; a sepsis (according to Rosenow the most common infecting germ is streptococcus viridans); (2) that the infecting germs are distributed throughout all the structures of the heart and by the blood vessels of the coronary system; and (3) that the most important factor in treatment is the discovery of the source of infection and its removal. S. E. EARP.

ACTION OF SCARLET-R UPON X-RAYED SKIN.

J. O. Barrett has found that in old x-rayed skin of the rabbit's ear the injection of a solution of Scarlet-R is followed by epithelial proliferation, which may reach an extreme degree, provided the destructive effect of the x-radiation has not been excessive. A marked tendency to sloughing is observed when Scarlet-R is injected into old x-rayed tissues, the tendency being greater the more marked the extent to which the appendages of the skin have been destroyed.

This note is from the Lancet of Feb. 13, 1913, abstracted by the Medical Record, March 8, 1913. The editor of this journal has written sufficient on scarlet red threapy for ulcers, following the papers of Davis, of Johns Hopkins, in the Annals of Surgery. Scarlet red powder costs about seventy-five cents a pound. With equal parts of vaseline and lanolin, eight ounces of each, and one ounce of scarlet red a pound of the ointment may be made of 6¼ per cent., costing fifty cents. A. W. B.

GOVERNOR MARSHALL'S OPINION OF JAILS.

Just a word about the county jail. The insane, the feeble-minded, the epileptic, the vicious, the unfortunate, they all are herded together. Last year 36,380 men, women and children were admitted to Indiana jails, 15,070 of whom served sentences or laid out fines. They lived in idleness at the expense of the taxpayer. They degenerated morally, physically, intellectually. Many came out confirmed criminals. The jail was never intended as a place of punishment. It was intended only as a place for the detention of persons pending trial.

An advance along the line of the prevention and the cure of crime and incidentally in the work of better roads in Indiana, in which we are interested, may be accomplished by the establishment of a State penal farm for all male persons sentenced in the counties for one year or less. Prisoners there could work for the benefit of the State and the victims of evil habits, who are not criminal in their tendency, would, by outdoor work, have an opportunity to rehabilitate their manhood. The expense of such a farm need not be large. The buildings should be simple and inexpensive and should be erected by the prisoners themselves. Criminals should not be worked upon the highways of the State of Indiana. This has failed in thickly populated States such as ours. In States where there are sparsely settled regions it may be possible to use the criminal in building highways, but that can not be done in a civilization whose proudest boast is that the administration of its criminal law is not to punish and foreclose the door of hope upon the convicted man, but is to reform him, rehabilitate him and give

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him the opportunity to become a good citizen.—Governor Thomas R. Marshall's Message to the General Assembly of Indiana, 1913.

Jails are places of detention for men waiting for trial. From what we read in the papers we conclude that our jails are places made for enriching the sheriffs by starving the inmates. The prisoners are

"As men who through a pen
Of filthy darkness grope;
Who do not dare to breathe a prayer,
Or give their anguish scope;
Something is dead in each of them,
And what is dead is Hope."

A. W. B.

THE PRESENT SENSIBLE DRESS OF WOMEN.

A member of New York's board of health says that the present style of woman's dress makes for health. The woman who braves the cold weather in a "V" cut waist and a "V" slashed skirt, he says has better health than the man who turns up his overcoat collar. It is true that exposure to the cold air is good and that the neck can be hardened as well as the face. With the vital organs of the body warmly clothed such exposure is desirable. "Muffling up" is a direct bid for tenderness and invites disease. In the last generation it was the custom to go with the throat muffled with "comforters," as they were called, generally of wool, which were wrapped several times around the neck. When this bad custom was broken it is of record that throat diseases decreased. The New York authority goes on to say that the microbes or germs which cause pneumonia and catarrh make the most of blizzard weather and thrive on overdressing, pneumonia germs further fattening on hot toddies and cocktails. Modern medical treatment of disease of the respiratory tract is based on the sovereign properties of cold air. At the Roosevelt Hospital, in New York, where a few years ago pneumonia was treated in the old way of protection from air, it is now treated with cold air. The patient is put to bed in a sleeping porch. A physician says that if every one should sleep with his windows open wide to the winter air half of the throat and nose doctors would have to quit business. The incidental credit which low neck and high skirt dressing gets is due as an offset for all the abuse that has been heaped on those styles.

There is nothing unreasonable in the above views; they should be widely adopted. The present writer wears low shoes and light stockings throughout the year. The feet should be protected by overshoes in wet or cold weather. A light overcoat is all that is needed for the winter in towns. These statements as to the treatment of pneumonia are generally adopted and followed by the profession, although opposed at first by the laity. The dress should be changed with the weather. A. W. B.

RENEWAL OF BLOOD CAUSED IN SYPHILITICS BY DIOXYDIAMIDOARSENOBENZOL.

M. P. Weil and L. Guenot found that in many instances the administration of arsenobenzol causes the venous blood to acquire an unusual bright red color. This change was observed, in two of their cases, within five days after the injection of the drug, but its most striking feature was that it persisted several months, or even a whole year, after a single administration.

These effects must be ascribed to the action of salvarsan on the bone marrow. They show the value of arsenic preparations in syphilitics who are depressed, anemic, and apt subjects for tuberculosis. Good results have also been observed from the use of salvarsan in pernicious anemia.

Salvarsan (we use the word "salvarsan" which by its construction means "saving arsenic" for both 606 and 914 and though nine-tenths of the drug used in Indianapolis is the neosalvarsan) is given in the syphilis and skin clinics to all patients who need it, and our conclusion is that other adverse conditions

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than those caused by syphillis are often improved. Indeed, our own belief is that arsenic is often overlooked as a "nutrient tonic." The writer rarely prescribes less than one-twentieth of a grain three times each day in cases of psoriasis, seborrheic eczema, and in various forms of erythema multiformia. The tablets are preferable to Fowler's solution as a more accurate and safer dosage may be secured. A. W. B.

DR. HOWARD KELLY'S EXPERIENCE WITH RADIUM.

Dr. Howard Kelly's statements as to his experiences with radium in the treatment of cancer having attracted much attention, we reproduce the report of Dr. Kelly's remedies made at the meeting of the Eastern Medical Society in December as it appears in the New York Medical Journal:

Dr. Howard A. Kelly, of Johns Hopkins University, had had excellent results in the radium treatment of cancer. In superficial cancer he said it was the treatment par excellence. In cancer of the eye, mouth and ear, if the case were seen early, a cure was effected without any of the deformity from scarring usually left after cutting operations. Here it would do all that surgery could accomplish, and more. There was no mystery about the action of radium as regarding metastases, etc. Metastases had to be attacked separately, when this was possible, by this agent, unless they were near the original seat of the disease. In cancer of the larynx some extraordinary results had been achieved. Radium was often of great service in attacking suspected areas. As to the permanency of the cures effected by it in such conditions as malignant disease of the uterus, it was as yet entirely too early to speak with any degree of positiveness, and he did not wish to be understood as claiming permanent cures. It was now five years since he had treated his first case of uterine cancer with radium, and the patient was well today; but since then he had met with some recurrences. Other patients had gone two years and more without a recurrence. As to inoperable cancer, he had had a number of cases which had been pronounced of this character in which the patients had been cured (permanently, as far as could be judged at the present time) by means of massive doses of radium. In one such case, of very extensive uterine carcinoma, there had been no recurrence after the lapse of two years. On the whole, it was an unquestionable fact that the use of radium had enormously increased the field of surgery. If it did nothing else in cases of cancer, it stopped the bleeding and discharge, relieved pain, and improved the general condition of the patient. In tumors of the bladder, however, the application of radium occasioned great pain, and the results had not been very satisfactory. The same was true as regards cancer of the rectum, but if the patient was willing to endure the pain, a cure could be effected, in some of the cases at least. In rectal cases it was advisable that a colostomy operation should be done before resorting to the use of radium. All the radium he had in his possesion was three grams, and this amount was totally inadequate to the demands now made upon him. He would like very much to have ten grams at his disposal.

Doctor Kelly presented a patient from Missouri, a man in advanced years, who had had an enormous periosteal sarcoma of the forehead, which was now entirely gone; this gratifying result had been accomplished by radium in the short space of forty-eight hours. There had been secondary manifestations on the ear and the jaw, and one of these had disappeared with the main growth. On the other, there was still something left, and it might be necessary to use radium on that. In another recent case, one of the extensive lymphosarcoma of the abdomen and pelvis, a cure had been effected in ten days.

The above is the only enthusiastic report and claim of cure of cancer we have seen in the literature. Dr. Abbe, of New York, is far more guarded in his report. He states that he has had no case of cancer of the lip cured by radium.

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There are no such good results found in the resume of over twenty foreign reporters in the December issue of the Inter State Medical Journal. If Dr. Kelly has been reported rightly and is not himself deceived a new era awaits the civilized world in the treatment of cancer. A. W. B.

WASHINGTON AND LINCOLN—THEIR WORK AND FAME.

To Americans February comes as a notable month with its anniversaries of Lincoln and Washington—the two great figures of the two great crises in our national life. Washington's place is so high among the great of earth that in the century that has elapsed since his death he may fail to touch us with the kinship of human infirmities. But he is in his rightful place, for he was among the few that are born great. He showed it in his youth, when he chose a military career in the face of his mother's persistent opposition. One of our chief novelists has called him the frozen Washington. But he was far from that. He had the quality marked in Daniel Webster, called godalmightiness, but it was tempered with humanness. It was poise like Robert E. Lee's which did not prevent him from being an eager soldier. Both were prone to personal risks in battle.

Washington is the only one of our great men that was tried both in the field and in council and dominated both. He not only fought the seven-year war of the revolution—it might be said, without exaggeration almost, that he was the revolution—but he was the ruling spirit in the founding of our Constitution, and to him was left the task of making the government which we enjoy today. The Constitution was the skeleton. Washington had to clothe it with flesh and blood. Unblinded by egotism, and above jealousy, he knew how to choose the best men. And never did an American President confront the task or the difficulties that he had in choosing Hamilton and Jefferson for his aids. He restrained the antagonisms of both, held them in the leash, directing their great abilities to the foundation and working order of the young government. It is almost a question as to where his services were greatest, whether in the seven years of the revolutionary war or in the eight years of the presidency. The texture was the same. Its warp and woof was character. Lord Brougham gave this fine analysis of him:

With none of that brilliant genius which dazzles ordinary minds, without even any remarkable quickness of apprehension, with knowledge less than almost all persons in the middle ranks, this eminent person is presented to our observation clothed in attributes as unpretending, as little calculated to strike or astonish as if he had passed unknown through some secluded region of private life. But he had a judgment sure and sound, a steadiness of mind which never suffered any passion or even any feeling to ruffle its calm, a strength of understanding which worked rather than forced its way through all obstacles—removing or avoiding rather than overleaping them. If profound sagacity, unshaken steadiness of purpose, the entire subjugation of all the passions which carry havoc through ordinary minds, and oftentimes lay waste the finest prospects of greatness—nay, the discipline of those feelings which are wont to lull or seduce genius and to mar and to cloud over the aspect of virtue herself—joined with or rather leading to the most absolute self-denial, the most habitual and exclusive devotion to principle—if these things can constitute a great character, without either quickness of apprehension, or resources of information, or inventive powers, or any brilliant quality that might dazzle the vulgar—then surely Washington was the greatest man that ever lived in the world uninspired by divine wisdom and unsustained by supernatural virtue.

Thackeray, in "The Virginians," speaking of the "heroic leader" of the revolutionary war, says:

Washington before the enemy was no better, no braver than hundreds that fought with him or against him (who has not heard the repeated sneers against Fabius, in which his factious captains

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were accustomed to indulge?), but Washington, the chief of a nation in arms doing battle with distracted parties, calm in the midst of conspiracy, serene against the open foe in front of him and the darker enemies at his back; Washington inspiring order and spirit in his troops, hungry and in rags, stung by ingratitude, but betraying no anger, and ever ready to forgive; in defeat invincible; magnanimous in conquest, and never so sublime as on that day when he laid down his victorious sword and sought his noble retirement—here, indeed, is a character to admire and revere, a life without a stain, a fame without a flaw.

Surely these views recognized the "humanness" of Washington, his limitations and handicaps such as all have. Thereby they throw into greater relief the wonder of his accomplishments, showing this very human man in his place among the world's greatest.

The Governor's proclamation of the anniversary of Lincoln's birth as a holiday, the observance of which he recommends, falls this year in a time when Lincoln's fame and place in history are having wider recognition than ever. The great national memorial to him at Washington is being undertaken. A high English authority recently classed him as an orator, greater than any in the long line of English orators. In this connection James A. Sample, of South Bend, Ind., cashier of the treasury department, throws light on that highest reach of Lincoln's oratory, the Gettysburg address, by contradicting the story that he wrote it aboard the train that bore him to Gettysburg. Mr. Sample says that Lincoln wrote the address weeks before the occasion and showed it to Mr. Sample's father-in-law, the late John D. Defrees, who was then the public printer, appointed by Lincoln. Mr. Sample was intimate in the house and Mr. Defrees was, throughout Lincoln's official life, his confidential adviser.

Besides, this is in the nature of such things. Men do not turn out such matchless things as the Gettysburg oration impromptu or in haste. Ingersoll was a great orator in any company. Some of his deliverances are wonderful in sheer beauty, and all have the artistic appearance of spontaneity in their rippling flow and appositeness. They seem to "gush from the heart," as one great American poet says concerning a certain kind of poetry. But Ingersoll once publicly said that they did nothing of the kind. He said, what every one knows that has tried measured utterance, that the things which are the most beautiful and seemingly fully spontaneous, are the ones that have been labored with line after line, the choice of every word following the deepest thought and longest consideration.

Lincoln had no advantages that another human being had not, and he had many handicaps which made him the more human, while circumstances placed on him one of the greatest burdens that often fall to any one's lot. We might well remember also that now we have risen to an acme of admiration of Lincoln. His fame is at its zenith. The contemporary estimate of Lincoln was far short of the present estimate. Both Seward and Chase viewed him with much of a spirit of tolerance and never parted with the idea that they were his superiors. All through Gideon Welles's book of recollections there is nowhere a hint of an impression that Lincoln was more than another. He is shown as vascillating and bewildered on more than one occasion, and as standing corrected by advice. We have coupled him with the great work of the great war, as its guiding spirit. He interpreted the inner spirit of that trying time and his martyr death made his halo. So he has come to stand to the great conflict that freed the slave as Washington stands to the great conflict that freed the country.

The Journal does not know any better use to make of its pages than to present the above admirable estimates of the very different, but equally loved figures in our national history. They are from the Indianapolis News' editorial pages commemorative of the birthdays of our founder Washington and our preserver Lincoln.

A. W. B.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators

THE SOCIAL WORKER AS A FACTOR IN SOLVING THE DISPENSARY PROBLEM.

By Samuel Horton Brown, M. D., Philadelphia.

The title of this paper is rather misleading in that it would seem to imply a recital of the results gained by utilizing the social service for purposes of the profession, whereas the paper is intended merely to embody suggestions, showing what might be the results gained thereby. The dispensary evil in all its several aspects is familiar to all of the medical profession, but the rehearsal of a few of its many points will serve to explain why the social service may be of advantage in solving it. Those of us who are located in the larger cities appreciate the tremendous influence the free dispensary service is having upon the lay public, the profession, and upon the resources of the hospital itself.

The lay public is influenced in several ways. To begin with, the average lay mind regards it as a perfectly sane and sound business to obtain for nothing, whenever such is possible, any service of any kind whatever, rather than pay. Every cent saved in this manner is real economy. Very few of this same class would stoop to steal or resort to any of the several recognized dubious means of acquiring services or merchandise. It is considered that anything is worth just as much as it costs, but when medical services are to be had gratuitously, it seems to become a duty of those within reaching distance to avail themselves of it. It is a great favor that they are conferring upon the physicians.

This much may be said for the lay public, which is not said very often, however, and that is that much of the work for which it consults the physicians in the free dispensary is work that would not be performed at all if it were necessary to pay for it. Consequently the percentage of the work does not represent any considerable amount withheld from the profession's finances. It does, however, work an injury to the lay public itself, or rather that part of it for which the free dispensary was instituted, namely, the worthy poor. The economical persons who attend the dispensaries, when they are as able to pay their physician as their milliner and tailor and the theatre manager, deliberately abstract time and attention from those who are most in need of it.

The very poor, and these are usually the dirtiest and most repulsive of those seeking dispensary aid, are not possessed of the happy faculty of having people give them the kindly and courtly consideration that is due human beings, and they are likely to be hurriedly dismissed with a prescription of doubtful value in order to dispose of them as soon as possible. If their case or cases present features of unusual character, on the other hand, attention is carried to the other extreme and the treatment becomes more of a burden than the disease.

Trivial affections in the very poor are of greater importance than the same class of ailments in the less unfortunate class of people because they are attended with grave fears and premonitions. Very frequently such patients are incapacitated for work by conditions that appear to the dispensary physician of no gravity; he dismisses the patient with more or less vague and often gruff explanations of the condition. Not so, however, with the better dressed and perhaps more polite, and doubtless better paid, dispensary patient. To this patient, the dispensary physician is all courtesy for fear the patient may be a friend of a friend who has a friend on the board of managers, notwithstanding he knows that this particular individual

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represents the class that is doing most harm to the medical profession, and in itself constitutes the entire dispensary evil.

Experience has taught the young dispensary physician, or he has learned from the experience of his friends, that his surmise regarding the well dressed, economical layman who frequents the dispensaries is correct, and, what is still more disheartening, this layman seems to have no difficulty in getting some one on the board to champion what he regards as his rights in the hospital. Why this should be the case is very difficult to understand unless the board is fearful lest contribution from some anonymous, or perhaps well known source, should be jeopardized. Such must be the case, however, since the very poor are seldom so interesting to the board and the dispensary physician's handling of the case is always sanctioned without question. The same may be said of the patient who pays a moderate fee for board and attention in most of the hospitals. Such patients seldom get the attention that these dispensary "beats" obtain.

For perfectly obvious reasons, the physicians are powerless to interfere. The hospital connection is an honorable one, and the experience is necessary to the young man. If the physician attempts to learn for himself of the patient's financial standing, he is accused by the public and the management of trying to "work" the dispensary; if he fails to do so, his colleagues accuse him of robbing the profession of its just dues, and he has a lurking suspicion deep down in his heart that he is not doing the right thing by the other patients, by the hospital, and by himself. Consequently, the evil is allowed to run on indefinitely, becoming greater every day, requiring more physicians, more buildings, and more money for maintenance.

The social service as instituted in most of the larger hospitals, and many of the smaller hospitals in the eastern cities, is made up of a corps of trained, paid, and voluntary workers, whose business it is to determine just how really poor the patients are and whether the sociological features of the individual contribute to the illness, and whether these can be altered with a view of supplementing the purely medical treatment. This minding of other people's business is considered highly proper and legitimate as long as it has to do with the submerged tenth, and there is no question about the good results that are certain to follow this investigation into the home life of the patient.

These workers are astounded very often to find the poverty and neglect much greater than was thought to be the case by the physician who recommended the patients to the service. Kind and intelligent workers are in a position to accomplish much good for such patients. Unfortunately, the social service in many of the hospitals is restricted to these extreme cases which are especially recommended to the service for aid. A few institutions have all the patients pass through the service's inquisition before they receive any attention. It is the latter plan which is commended by the author of this modest communication.

Assuming that one of these dispensary "beats," with a comfortable salary, presents himself for treatment, the social service in its abstract way, without any of the kindness previously implied, can proceed to determine, through its workers, the man's salary, his habits, his home life, etc., and infringe upon so many of the patient's rights guaranteed to him under the constitution (according to his view) that he will voluntarily, in most instances, refrain from continuing to draw upon the hospital for relief, particularly if he finds the same performance follow each application to another hospital.

Any law passed, imposing fines or other punishments upon such persons, is certain to fail of its purpose, as the offenders are equally clever in circumventing it as the lawmakers were in conceiving it. Any questions asked by the superintendent, or clerk, or physician in attendance, are sure to be answered by falsehoods if the truthful answers are

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likely to deny the service and attention of the hospital to the applicant. Now if the social service workers are sent to the patient's homes to verify these answers, a different color is given to the whole affair.

Most of these "beats" like to pose as persons of some importance in their neighborhood and often impress some of their neighbors to that effect. Visits from social workers are not likely to further this impression, and the indignation of the "beats" following these visits will result in a cessation of their visits to the particular hospital, and to other hospitals when it becomes known that this is the routine. In other words, the "beat" will be made to leave voluntarily by a resort to his pride, such as it is.—New York Medical Journal.

INTRAVENOUS INJECTIONS OF SODIUM SALICYLATE.

Conner in the Medical Record for Feb. 21, summarizes some points in the therapy of salicylate of sodium in rheumatic affections as follows:

Briefly it may be said that, with the proper technique and with a chemically pure preparation of the drug, the administration of sodium salicylate by intravenous injections is safe, painless, and easily performed. So administered the drug seems to have a much more pronounced analgesic effect than when given by mouth. While it seems unlikely that the intravenous method will replace the usual one in the routine treatment of rheumatic fever, it nevertheless has a distinct field of usefulness, the limits of which can not yet be determined. At present this field seems to include cases in which the drug is not well borne by the stomach; those which show little or no improvement under the usual mode of administration; those with beginning heart complications, and, possibly, cases of severe rheumatic inflammation of the eye.

The technique employed at the New York Hospital is as follows: A stock solution is made by dissolving 10 grams of c. p. crystalline sodium salicylate in 50 c. c. of distilled water which has been freshly sterilized by boiling. The drug is weighed and handled as aseptically as possible and the solution after being made is not subjected to further sterilization. The solution should be perfectly colorless and, if protected from the light, will keep for several days.

A rubber ligature is applied to the upper arm sufficiently tight to prevent the venous return flow and, if necessary, the venous engorgement is increased by letting the arm hang down and by closing and opening the fist. The skin about the flexor surface of the elbow is sterilized by painting it with tincture of iodine. A 10 c. c. all glass syringe, carefully sterilized, is filled from the stock solution, each cubic centimeter of which contains 3 grains (0.2 gm.) of sodium salicylate. A fine, bright, sharp hypodermic needle is used. With the patient's arm fully extended and the vein fixed below by pressure of the left thumb the needle is thrust into the vein in the direction of the venous flow. In order to be certain that the point of the needle is within the lumen of the vein the piston is then slightly withdrawn. If a drop of blood appears at the mouth of the syringe the ligature is loosened and the proper quantity of solution injected. As the needle is withdrawn from the vein gentle pressure is made for a moment at the site of the puncture to prevent leakage of the blood into the subcutaneous tissue, and the iodine is then washed off with alcohol. No dressing is required for the tiny wound in the skin. In case a good sized vein is available in each arm it is well to use the arms alternately, but we have found no difficulty in using the same vein for a number of successive injections when necessary.

The size of the individual dose and the frequency of the injections will vary with the requirements of the individual case. Larger doses than those employed by Mendel were used in order to obtain distinct effects. In most cases the dose was either 15 or 20 grains and the injections were given at 12 or 8 hour intervals over a period of from 3 to 6 days. Occa-

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sionally, in robust men, as much as 30 grains were given at a time and as much as 120 grains given in the first 24 hours without any unpleasant effects whatever. Indeed one of the noticeable features of this method of administration, has been the entire absence of shock, prostration or other objectionable constitutional effect.

BOSTON MEDICAL AND SURGICAL JOURNAL.

January 22, 1914.

Mortality of Hereditary Syphilis.—Abner Post calls to the attention that, although syphilis is declared by writers on the subject to be fatal, mortality returns in this country show exceedingly few deaths from this disease. "It would probably cost a doctor his popularity and ruin his practice if he dared to append that cause of death with the same simplicity that he would write typhoid, or pneumonia." Therefore death is attributed to some intercurrent disease or condition, such as marasmus. He presents a mortality record of thirty syphilitic families, in which there were 168 pregnancies, with fifty-three still births and forty-four early deaths, a total of ninety-seven, or fifty-seven per cent., while seventy-one remain alive. Of seventy-one, thirty-two have been patients, leaving only thirty-nine presumably healthy. After discussing briefly a few of the reported causes of death, he says that it is pretty certain that the returns for marasmus, pneumonia, and hydrocephalus are falsified by reporting as such some deaths which might more properly be returned as syphilitic. How far the returns for cholera infantum are vitiated, if at all, nobody can tell. Syphilis is not the only cause of death in syphilitic families, but it must be recognized that the vital resistance of these children is greatly reduced by their heredity, so that they readily fall victims to intercurrent disease. The heredo-syphilitic child is unfinished, in a condition of infantilism both externally and internally. He finds that many of them have undergone operations for tonsils and adenoids, some of which were unnecessary. The narrow nasal passages and the swollen mucous membranes of the syphilitic child occasion the same symptoms as adenoids, and the first treatment should be for syphilis, and only when this is found to be unsatisfactory, should an operation for adenoids be performed. Probably at least half of the syphilis in the world is innocently acquired, and if we are in any way to control the disease, it is necessary to have a moderately accurate knowledge of it. For this reason he protests against the failure rightly to report syphilis, and against the falsification of returns.—New York Medical Journal.

IS LEUCEMIA AN INFECTIOUS DISEASE?

One of the vexing problems of pathology is the cause of the various forms of leucemia. The acute type of this disease with its rapid malignant course often beginning with an ulcerative angina, and accompanied by a febrile movement, strongly suggests an acute infection. Experiments to transmit this disease from human beings to animals have failed. No microbic factor has as yet been isolated, although Lowit in 1900 described what he regarded as protozoa in the white blood cells. There are two main theories that attempt to account for the pathological changes in this disease. One of these postulates a chemotactic influence exerted by toxins which cause an increase of lymphocytes in the blood. The other theory regards this cellular proliferation as closely allied to tumor growth. Many arguments have been advanced both in favor of and against each of these hypotheses.

An investigation which seems to indicate an infective origin for leucemia has recently been conducted by V. Ellerman (Zeitschrift fur klinische Medizin, Vol. 79, Nos. 1 and 2). His observations were confined to the leucemia of fowls. It is impossible to state dogmatically that this disease is identical with the disease as found in human beings. But the similarity between the two is most striking. In both diseases there is a markedly in-

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creased leucocyte count with a predominance either of lymphocytes or of myelocytes. There is also in both conditions a hyperplasia of the hemopoietic organs. In both cases there are cellular infiltrations in the liver and kidneys. The disease in the fowl as in the human being is usually chronic and is always fatal.

Ellerman succeeded in transmitting the leucemia of fowls from animal to animal by means of inoculations of cell-free filtrates obtained by passing specimens of blood from affected animals through Berkefeld filters. Healthy fowl inoculated with these cell-free filtrates developed all of the characteristics of the disease. Moreover, the two types of the latter, the lymphatic and the myeloid were differentiated in the fowl as in the human being. Ellerman concludes that the virus of leucemia belongs to the filtrable microorganisms.

Posibly the good effects observed in the treatment of leucemia by means of benzol may be attributed to the antiparasitic action of this substance.—Medical Record.

WHEN OFFENDING TONSILS SHOULD BE REMOVED.

They should be removed (1) when they are sufficiently enlarged to obstruct free respiration; (2) when they embarrass or muffle the voice; (3) when they give rise to a distressing sense of a foreign body in the throat and frequent swallowing in efforts to relieve it; (4) when they are the seat of recurring inflammation, which endangers the integrity of the ears, nutrition and the evolution of the jaw during the period of second dentition; (5) when they are associated with enlarged glands in the neck; (6) when there is reason to believe that they are an etiological factor in attacks of rheumatism; (7) in cases that are subject to repeated attacks of peri-tonsillar abscess; and (8) when they are associated with adenoid growths in the vault of the pharynx. These are positive indications for an operation, and in these conditions patients will be benefited, both locally and generally, by removal of the trouble-producing glands.—Bishop in Medical Times, February, 1914.

PROSTATIC HYPERTROPHY.

The relief of prostatic hypertrophy by surgical measures is discussed by Bryan in the Virginia Medical Semi-Monthly for February 13, furnishing the following conclusion:

1. Careful and not too hasty preparation of the patient for the operation, from one to several weeks if necessary.
2. The two stage operation in infected cases and in those of loss of cardiac and renal compensation, the cystostomy always being done under local anesthesia. The writer has never attempted the removal of the prostate under cocaine or spinal anesthesia.
3. High vesical incision.
4. Care about the space of Retzious.
5. Intra-urethral enucleation always by choice, the only instances where it can not be done being in the marked cases of contracture of the neck. The mucous membrane over the most prominent part of the gland is then incised and the removal carried out.
6. No packing of the prostatic cavity.
7. No urethral medication, irrigation or instrumentation.
8. Syphonage by double flow catheter which is kept up two to three days.
9. Proctoclysis.
10. Encourage liquids and food.
11. Allow patient to stay in bed ten days or more.

SCURVY IN INFANTS.

Scott in the Post-Graduate for February concludes an article on Scurvy in Infants, as follows.

I believe that clinically the cause of scurvy lies in one or in a combination of conditions as, for instance—

1. The faulty handling of the milk in the stable, and in the milk station.
2. In the long-time elapsing between milking and the delivery of the milk to the delivery of the milk to the house.
3. In the destruction of the ferments

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and enzymes through heating at high temperatures.

4. In the over-richness or poorness of the milk itself.

The treatment, therefore, depends upon an intelligent understanding of the cause, of food constituents, of the proper modification of milk, of the addition of peas and of cereals, as well as of fruit juices, raw and cooked, to the diet. Fresh vegetables raw and cooked are antiscorbutic. Baumann and Howard found that the loss of the various food constituents through the feces was less when fruit juices were added to the diet. For instance, there was a marked retention of chlorine and sodium as well as potassium, calcium, and magnesium, but that the sulphur elimination was greater than that ingested.

The prognosis is favorable, always, if the disease is taken in time. The duration, anywhere from three to eight months, for although it takes from three to eight months of faulty feeding to produce the disease, the cure is not affected until the bones and bone marrow are normal. Therefore, the clinical healing is not identical with the anatomical. The microscope in the future will aid us materially.

MEDICAL TREATMENT OF CHOLELITHIASIS.

H. B. Anderson believes the following statements to be warranted by our present knowledge: 1. While surgical procedure is frequently the best, and often the only means offering a chance of relief, its advocacy, based on certainty of cure and assurance of nonrecurrence, is not borne out by results. 2. The main object of treatment is the relief of the infection and inflammatory changes, and not merely the removal of the gallstones. So long as there is no recurrence of the inflammatory attacks, there will be no attacks of gallstones. 3. Recovery not infrequently occurs under nonoperative treatment, especially in early and mild cases, and particularly after first attacks, before serious local damage has been produced by the infection. 4. Medical treatment should be given a fair trial in all cases where the patient's physical condition does not warrant operation, and with the numerous patients who refuse operation. In many such cases he has seen complete and permanent recovery from all symptoms of the disease. 5. Medical treatment is indicated in many cases as a preliminary to operation, and in order to allow the acute infection to subside as far as possible. 6. Medical treatment is indicated in all cases after operation to allow of complete subsidence of the infection and, if possible, to prevent reinfection and recurrence.

The Periosteum—W. E. Gallie and D. E. Robertson report a number of experiments made in confirmation of Macewen's view that the periosteum is not osteogenetic, as it has been believed to be since Duhamel reported the results of his experiments in 1739. Their results seem to show that the periosteum is merely a fibrous membrane with no power to produce bone, and that osteogenesis is a property of the endosteum alone, which is as energetic in the absence, as in the presence, of the periosteum. Even as a source of blood supply the periosteum does not seem to be of great importance, for large areas of bone may be denuded without any apparent effect upon it. They have found no difficulty in getting small bone grafts to take after they had been completely denuded of periosteum.

From the New York Medical Journal, abstracted from the Canadian Medical Journal of January, 1914. The item as to the osteogenesis from the endosteum rather than the periosteum is from the same sources.—Editor.

THE ANATOMY OF THE HYMEN.

By E. S. McKee, M. D., Cincinnati.

The hymen femininus is a thin fold of mucous membrane of varying degrees of thinness attached to the posterior and lateral borders of the vaginal orifice which it partially occludes, usually semilunar in shape, its convex border inferior and looking towards the perineum, its concave edge superior or anterior, point-

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ing in the direction of the meatus urinarius. The word hymen is derived from a Greek word, meaning a membrane or pellicle, not from the Latin God of marriage. The hymen may be so thin as to be likened to a spider's web, or quite thick and fleshy, hymen carnosus, or even fibrous in its nature. Blood vessels usually ramify through the hymen, which lead to the hemorrhage which usually follows defloration and which is given so great significance by some peoples. The hymen comprises a mucous fold containing between its lamellae a layer of cellular tissue inclosing numerous elastic fibres and some muscular bundles. The epithelium is lamellated, tessellated and about the thickness of that covering the vestibule. The mucous membrane is delicate and covered with closely set, conical, divided and undivided papillae which penetrate into its epithelium, measuring from two to three m. m. in length. Investigators have found that the nerve supply of the hymen is demonstrated with difficulty, many of them denying the presence of nerves in this organ. The pain on defloration is considered due to the dilatation of the introitus vaginae. Congenital absence of this palladium virginitatis, though extremely rare and never seen by observers of very extended experience, nevertheless has been reported by very few. There is one specimen in the Anatomical Museum at Prague, the genitals of a young woman with a double vagina, where the hymen was absent congenitally on both vaginae.

Some hymens are so tough and others so elastic or have such a large opening that they persist even through sexual intercourse, pregnancy and even delivery. Others are so dense as to necessitate surgical interference to permit copulation, while one variety, hymen imperforatus, closes entirely the vaginal entrance, daming up the menstrual flow and also necessitating operative interference.

Anomalies of the hymen, of rare interest, are hymen denticulatus, frequently taken for a ruptured hymen, but which can be differentiated by noting the softness of the borders and the absence of cicatrization. The infundibuliformis is firmly attached at its base to the neighboring parts, but its free borders are cone shaped. This form often escapes rupture on sexual intercourse by being pushed up and stretched by the male organ. Fristo has reported a case where four hymens existed one above another, each having a central opening. Duplex hymens have been reported several times.

Leucart, in 1852, demonstrated that the vesicula prostatica represents not only the uterus, but also the vagina of the female. Shattock became imbued with the idea that an analogue to the hymen might be found in the adult male at the spot where the prostatic vesicle opens into the urethra. Dissections revealed to him that the termination of the male vesicula as viewed on opening the prostatic urethra on its anterior wall, consists of two projecting opposed longitudinal lips, forming a minature hymen. It is in fact this male hymen which constitutes the eminence of the verumontanum. This homology is quite interesting. The carunculae hymenales seu myrtiformes were formerly considered to be due simply to contraction of the torn remains of the hymen. It was left to Schroeder to demonstrate that they were caused by the effects of child birth upon the remains of the ruptured hymen. Immediately after the first coition, bloody lips present themselves, usually three in number. Sometimes on account of irritation they become hypertrophied so as to require removal on account of size or pain. The elastic tissue is found more freely supplied to the base of the hymen, and it probably plays a part in the formation of these caruncles, as when the hymen is torn they tend to contract it into two or three small bulbs at the base.

CANCER TREATED WITH RADIUM.

Sparmann gives a further account of cases already reported under treatment with radium in von Eiselberg's clinic. The table shows that eleven died during

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treatment. In six the tumor had disappeared, five had improved, one showed scarcely any improvement, and seven had grown worse.

RHEUMATISM A BACTERIAL DISEASE.

From time immemorial the term rheumatism has been used by the laity to describe any pain in the limbs or joints, especially when definite information was not sought of a physician as to the actual process being undergone by the patient. Lately, as a result of careful observation on human beings and controlled experiments on lower animals, it has been proved that many of these cases are instances of infection by definite organisms. In the October, 1913, number of the Journal of Medical Research, Schloss and Foster report the experimental production of arthritis. They were able, by inoculation of cultures of streptococcus pyogenes into the blood stream of four monkeys, to induce a polyarthritis, suggestive in certain respects of rheumatic fever in man. In two instances a chronic arthritis with limitation of motion and contracture resulted from repeated inoculations of streptococci. The bacteria found in this type of infection belong to the streptococcic group, but it has not as yet been proved that the organism found is a special variety, the general opinion being that it is an ordinary streptococcus. That these organisms do cause the disease has been proved by a number of investigators, who have recovered the streptococci from the blood and joints of patients, and have reproduced the lesions in lower animals. These findings explain in a satisfactory manner the heart lesions that are so frequently present and the symptoms of acute infection that occur in acute rheumatism. Once more accurate information separates a definite disease from an indefinite group.

In a recent issue of a popular magazine, a physician, probably a very young one, makes the statement that "rheumatism is, was, has been, and possibly always will be a convenient dumping ground for medical ignorance." Possibly the writer means medical ignorance on the part of the laity, although the average reader will not so interpret the statement. If he really believes his accusation of the profession, the writer is to be condoled with for the extremely slovenly teaching he has received from his faculty; no physician of any standing offers a diagnosis of rheumatic fever unless the signs are pathognomonic, while it is simply incredible that "rheumatism" is ever at this date advanced professionally as a reason for chronic pain due to infections or autotoxemia. The entire article under discussion reads as if the pathology had been acquired exclusively from patent medicine "literature," and is one of a class of articles which, under the plea of taking the public into the doctor's confidence, serve only to intensify ignorance and prejudice.—New York Medical Journal.

ABBOTT'S METHOD IN THE TREATMENT OF SCOLIOSIS.

L. Ombredanne lays emphasis on the spirometer as a valuable means of controlling the results of treatment by Abbott's method and as a useful instrument for training the subject in adequate reslength the theory of Abbott's procedure. piratory efficiency. He discusses at Concluding from his experience with the method in a considerable number of cases, in twenty-eight of which the treatment has now been nearly or quite completed, he states that the procedure should be employed only in cases where, upon flexion of the trunk anteriorly, a hump in the back appears. The method is contraindicated in spinal inflexions or static scoliosis and in patients less than six or seven years of age. In cases of scoliosis in which the spinal malposition is completely corrected upon suspension, the method is without superiority over carefully conducted exercises. In patients in whom respiratory exercises are impracticable or dangerous by reason of lack of intelligence of the patient or parents, or on account of adenoid growths, large tonsils, septal deviations, or pulmonary tuberculosis, the proce-

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dure is also considered inadvisable by the author, unless the interfering factors can first be removed. In other types of cases, on the other hand, correction of the rotation of the trunk and of the lateral curvature will often be obtained regularly in some forms of scoliosis. Observations of twenty-six cases suggest that the results of treatment are permanent, though special exercises are required to insure a fixed position of the spinal column. No method previously known yielded the desired results so constantly and precisely, or could be regulated so satisfactorily.—Abstract from the New York Medical Journal of Feb. 7, from the Presse Medicale, Jan. 3, 1914.

DIAGNOSTIC ERRORS IN GALL-BLADDER DISEASE.

J. H. Gibbon has searched his operation records for the cases in which he expected to find gallstones and did not, or in which he had made some other diagnosis only to find that gallstones were the cause of the patient's suffering. The latter mistakes are much less frequent than the former. The errors may, in the light of what is found at operation, be clear and it is evident when and how one went astray, but there will still remain cases which cannot be cleared up quite so easily. A history of indigestion which manifests itself soon after eating by a sense of fullness and the eructation of gas; by attacks of pain of sudden origin in the upper right quadrant passing across the abdomen and around to the back and perhaps to the right shouler-blade, and which are relieved by vomiting; and the finding of marked localized tenderness on palpation when the patient takes a deep breath; certainly suggest gall-gladder trouble. If we have added to these severe colic requiring morphine for its relief and followed by a transient jaundice, one is quite justified in making a diagnosis of gall-stones. Surgeons have learned, however, that a patient can have all of these symptoms and still not have gall-stones.—Gibbon in Med. & Surg. Journal Med. Rec.

THE EUGENICS OF WAR.

Dr. David Starr Jordan, Chancellor of Leland Stanford Jr. University, said in a recent address on the eugenics of war that the effect of war on nations was to spoil the race by the very simple process of the reversion of selection. This was first noticed, he said, by Benjamin Franklin. The wars that have the most justification on patriotic grounds are generally the most harmful to the race, according to Dr. Jordan.

"Better men," said Dr. Jordan, "go to war for principle than for plunder. Better men go to war as willing soldiers than those who are forced as conscripts. The term 'white slave' was, I understand, first used by Napoleon III in reference to his unwilling conscripts who were brought into his army."

Dr. Jordan quoted a German authority who maintained that the Thirty Years' War, which destroyed about ten millions of people out of sixteen millions alive in Germany when the war began, did not harm the race, because massacre—more kindly than war—takes the weak as well as the strong.

"But we would not say," continued Dr. Jordan, "that massacre was to be commended on account of this fact, because in all these matters there are not only eugenic values, but also moral values; although, from the standpoint of eugenics, if you must have killing, it is best to have general massacres, taking all grades of people alike.

"We have discovered within the past thirty years—what we knew before, but we can now prove it—that the laws which govern the breeding of men are precisely the same as those which govern the breeding of the higher animals. Man is a higher animal; man's place is in Nature. And among these laws we have a few very simple ones. 'Like the seed is the harvest.' That is, an individual is not descended from the great herd; a man is not descended from his town or his nation; he is descended from that part of the nation, an individual from that part of the herd which formed his real ancestry.

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"No herd of animals ever ran out through any other process excepting the selection of inferior animals for breeding purposes. No race of men, no nation ever declined, ever decayed, ever went out for any reason except the killing out of the strong.

" 'The blood of a man determines his history;' that is, the type of man which you have in a nation determines what the history of that nation shall be. Reversing that, the history of a nation determines its blood; the events which have taken place in one way or another in a body of men determine what that body of men is to be in the future. The man who is left controls the future.

"The decline of Rome is not the slipping back of the whole nation altogether. Such change never took place in history. It was simply breeding from inferior stock as the good stock was thinned out. The city was a great vacuum, which the barbarians came to fill. Instead of these self-governing men, we see the rise of tyranny. As the rulers waned in power we see a corresponding weakness of the people.

"The Consuls became Emperors, the Emperors became autocrats, and at last they were worshipped as gods; and the higher the ruler rose in power the lower were the people. It was said that 'the little finger of Constantine was stronger than the loins of Augustus Caesar.' And, just as Rome fell, so fell other nations of the past. We know of no cause except the reversal of the laws of eugenics—dysgenics—the breeding from bad stock, instead of eugenics, the breeding from good stock.

"In the break-up of the Roman Empire no province had a brighter future than Hispania, our Spain, and she, like others, had staked and lost her future in wars and conquests.

"The great nations of Europe have lost enormously in their different degrees, a loss marked by the angle between what they are and what they might have been. We do not know how many potential Shakespeares, Newtons, Miltons, Cromwells, Wordsworths, and Tennysons belong to the great roll of the slain unnumbered, whose potential fathers fell on the thousand battlefields of Europe. We cannot measure the great widening wedge of those who might have been and are not. The effect of war is like that of cutting off the roots of the tree; it does not affect the character of the fruit, but it affects the amount of fruit borne on it, and in the long run it affects the vigor of the stem. For a time the fruit will be the same. Strong men will appear in a nation after war as before, but there will not be so many of them, and the general average will be lower.

"About a million of our young men, north and south, fell in the civil war. In some of the southern states the number of those who were in the army was enormously great in proportion to the population. In North Carolina, with 117,000 voters, there were 130,000 men in the army. Over half of the men who ever graduated from the University of North Carolina were in the southern army, and one-third of them were killed in battle.

"I found, in going over these statistics again last year, that of the university men a considerably larger proportion fell in battle than of other men engaged."

CONTROL OF CANCER—READ AND TEACH THESE STATEMENTS.

New York, January 26.—The American Society for the Control of Cancer is co-operated with the Twentieth Century Club and the Pittsburg Academy of Medicine in arranging a great public educational meeting on cancer, which was held in the Soldiers' Memorial hall, Pittsburg, on Tuesday evening, February 3, 1914.

Invitations were sent to the most representative and influential people in Pittsburg and vicinity, including members of women's clubs, men's clubs, bankers, manufacturers, attorneys, ministers, teachers, physicians and others.

James R. Macfarlane presided and Frederick L. Hoffman, the statis-

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tician, of the Prudential Life Insurance Company, made the opening address. The chairman of the committee on organization of the American Society for the Control of Cancer described the purpose and plans of that association, which has recently been formed as a national agency to disseminate knowledge concerning the symptoms, diagnosis, treatment and prevention of cancer; to investigate the conditions under which cancer is found and to compile statistics in regard thereto.

Many Prominent Speakers.

Other speakers were Edward A. Woods, of the Equitable Life Insurance Company; Rabbi J. Leonard Levy, the Rt. Rev. Bishop Regis Canevin, of the diocese of Pittsburg; Dr. John A. Brashear, the astronomer, and the Rev. Dr. Maitland Alexander, pastor of the First Presbyterian church.

The American Society for the Control of Cancer will gladly co-operate in the organization of similar public meetings on cancer in other localities. For use in connection with such meetings the society has issued the following circular:

Cancer is of greater frequency in adult life than tuberculosis, pneumonia, typhoid fever, or digestive diseases.

In 1913 there were about seventy-five thousand deaths from this disease in the United States.

One person in eleven at the age of forty and more dies of cancer.

Public Not Informed.

Largely because of public ignorance and negligence this terrible scourge now proves fatal in more than 90 per cent. of the attacks.

Of the 75,000 deaths from this disease in the United States in 1913, about thirty thousand were deaths from cancer of the stomach and liver, twelve thousand from cancer of the uterus and other organs of generation, 7,500 from cancer of the breast and about twenty-five thousand five hundred from cancer of other organs and parts.

Cancer respects neither race, creed nor social position.

It is the common enemy of all mankind, attacking rich and poor alike.

It comes at the most useful period of life, at the age when the care and guidance of children and business responsibilities make the mother and father most useful to society.

Cancer is at first invariably a local disease.

It is easily cured when recognized and removed by competent surgery early in its course.

It is practically always incurable in its later stages.

Delay in thorough examination and prompt operation if the disease be present is not merely dangerous—it is fatal.

(We advise our readers to impress the above statements upon their patients. Doctors die of cancer as often as any other group. Every mole, wart, scar, senile patch on hands or face should be burned out with a hot iron on sight. There should be no temporizing.—Ed.)

ANTITYPHOID INOCULATION.*

By Major F. F. Russell, Medical Corps, U. S. A.

The writer, largely by statistical tables and graphic charts summarized the effects of antityphoid vaccination up to the close of the year 1912 in the United States army,2 both at home and abroad, among the officers and enlisted men. During the last four years approximately 200,000 persons had been immunized, entirely without fatalities, or any untoward results. In the army none but the healthy were immunized, any illness, of whatever nature, automatically postponing vaccination until after recovery. The immunity, no doubt, diminished gradually, as after vaccination against small-pox. The custom at present was to revaccinate at the beginning of each four-year period of enlistment, not because all immunity had disappeared, but because it seemed unwise to

*Abstract of paper read at the Fourteenth Annual Meeting of The American Therapeutic Society, held in Washington, D. C.

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trust to anything less than the maximum immunity obtainable. The practice of vaccinating against typhoid had been a pronounced success in the naval and military services, in hospitals, schools, institutions, among pleasure seekers, and in contractors' camps, especially those located on watersheds—in fact, wherever in civil and military life it had been used. Its more general use, especially among the young, was advisable. The fact that it occasionally failed to afford complete protection was not a valid objection to its use, but rather an indication for its repetition, at intervals to be determined upon in the future. It would certainly prove as efficacious in civil life as in the army, and its extended use would hasten the time when typhoid fever will become a negligible factor in our public-health problems.—Monthly Cyclopedia of Medicine.

THE LEPER HOSPITAL, JERUSALEM.

It was the writer's privilege on a recent visit to Jerusalem to be allowed the privilege of a visit to this interesting institution. The asylum is termed "Jesus hilfe" and is conducted by the Moravian sisters. At the close of the year 1912 there were 45 lepers in the hospital of which 32 were men and 13 women. Thirty-eight were Mohammedan and 7 Christians. The sisters were very much pleased over two donations during the past year. One was for 1,200 francs and was brought by a Franciscan Monk from Jerusalem given by a donor who wished to remain unknown. This is the first donation from a Roman Catholic source, though the hospital gives many Roman Catholic lepers a home. The other donation which caused special pleasure was one of 201 marks sent by Esquimaux in Alaska. The asylum is nicely situated in the German colony within walking distance of Jerusalem. It consists of a spacious, comfortable and airy building and is on a farm which contains garden, fruit trees and live stock. This farm is run by the inmates of the asylum and affords them employment and amusement. The cases of leprosy which I saw there were not as bad as I had pictured them in my mind's eye. The most of them were able to be out and about, in fact the most of them at the time of my visit were out employed at work about the farm. Many had suffered the loss of toes and fingers and some of larger limbs. The disease does not seem dangerously contagious with proper care. The sisters told me that not one case of contagion had occured in the hospital and some of the sisters had been there many years. They are certainly doing a good, great and noble work among these poor outcasts.—E. S. M.

COLONEL GORGAS.

President Wilson has nominated Colonel William C. Gorgas, chief sanitary officer at the Panama canal, to be surgeon-general of the army. There is little likelihood that objection will be expressed in the senate, for if one man in the United States deserves promotion Colonel Gorgas is that one. As told in another column on this page, the story of Colonel Gorgas's work at Panama is necessarily the story of the "cleaning up" of the isthmus. And this is a story of which he and his associates can well be proud. The one criticism directed at Colonel Gorgas is that of extravagance. He and Colonel Goethals, the builder of the canal, and the actual head of the work, often could not agree as to expenditure. Colonel Goethals places economy first; Colonel Gorgas places his profession. As chief sanitary officer of the canal, Colonel Gorgas viewed it as his duty to make the canal sanitary. And so he did. In his enthusiasm even his friends say he was willing to stop at no expense. Colonel Goethal's economies acted as a brake, and the result has been peculiarly beneficial. For the canal zone has been made habitable, thanks to the enthusiasm of Colonel Gorgas; and it has been made so at reasonably small expense, thanks to the rigid supervision of Colonel Goethals.

As surgeon-general of the army, Col-

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onel Gorgas will have the rank of brigadier-general. Perhaps no other member of the medical corps is better qualified for this important post. The world is recognizing more and more the need for sanitation. Sanitation is what Colonel Gorgas believes in, and history probably will place his name in an honorable position among those who have done conscientious and lasting work. Sanitation made the Panama canal possible. It was because they paid no attention to sanitation that Ferdinand de Lesseps and his French engineers failed. It is possible, too, that we might have failed had it not been for the transformation of the Panama canal zone from a tropical pest hole into a winter resort. Thousands of workmen employed in the construction of the canal owe their lives to this sanitation. It is said that when Aspinwall built the Panama railroad a life was lost for each tie of the forty-eight miles of track. Certainly we have cause to be grateful.

Finally, the appreciation which Lord Murray of Ellbank uttered on visiting the Panama canal, should not be forgotten. Lord Murray was impressed with the engineering achievements. But he was also with the sanitary work. "You people," he said, "have shown the world how to live in the tropics. The day is coming when the tropics, and not the temperate zones, will be the chief support of the earth's population." Surely it was a great work to "clean up" Panama, let alone to show the world how to live in the tropics.—Indianapolis News.

TREATMENT OF NEURALGIC HEADACHE.

In a patient suffering from an intractable trigeminal neuralgia, and with teeth apparently perfect, it was at length noticed that one of the molars was slightly tender on being sharply tapped with a tongue depressor. Upon removal of this tooth the neuralgia disappeared.

The most successful medicinal combination for trigeminal neuralgia is, according to the author's experience, one of butyl chloral hydrate (croton chloral), gelsemium and sodium bromide. General tonics are useful, especially iron; alcohol, which should be recommended only with much circumspection, has a certain degree of utility. Local applications are not very successful though an ointment of aconitine is worth trying. Warmth to the affected parts is useful. In all forms of headache, rest, physical and psychic, is of the first importance.—J. A. Lindsay, in Clinical Journal.

POSTOPERATIVE MORPHINE POISONING.

Hermann Hinterstoisser, who has used regularly, prior to general anesthesia, an injection containing morphine, reports the case of a woman aged forty years, who was given the usual dose of scopolamine and narcophin an hour before operation for appendicitis, and anesthetized with ether and chloroform. She slept quietly till the middle of the afternoon, and was given a hypodermic of morphine five hours later. Two hours later symptoms of severe intoxication appeared, calling for an immediate injection of atropine, digalen and camphor oil. Venesection also was performed. She lay in a stupor for three days with incontinence of urine and feces, and gradually returned to consciousness on the fourth day. He is inclined to ascribe this nearly fatal result not to morphine alone, but to the combined use of the several narcotics. He strongly recommends in morphine poisoning venesection with subsequent intravenous infusion of Ringer's fluid, or of isotonic salt solution.—New York Medical Journal.

THE CONTRARY SEX.

Mark Twain, so the story goes, was walking on Hannibal street when he met a woman with her youthful family.

"So this is the little girl, eh?" Mark said to her as she displayed her children. "And this sturdy little urchin in the bib belongs, I suppose, to the contrary sex."

"Yassah," the woman replied; "yassah, dat's a girl, too." —Christian Register.

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MEDICAL MISCELLANY

MID-YEAR MEETING OF THE MEDICAL SECTION OF THE AMERICAN LIFE CONVENTION AT FRENCH LICK SPRINGS.

The largest medical association of medical directors of national scope met in French Lick Springs, March 4, 5, 6, at the French Lick Springs Hotel. This medical section meets twice a year and at the sessions just concluded more notable addresses were made than ever before. The convention was fortunate in having two speeches by Dr. Will J. Mayo of Rochester, Minn. His first talk on the mortality in operations, on overweights was extemporaneous and showed that not only are the overweights a hazardous risk from an insurance point, but also hazardous from the standpoint of the operative surgeon. His real address was on the prognosis following operation for surgical diseases of the abdomen. His optimism about operative cases of carcinoma of the abdominal organs was not shared by all those present, as he stated that he believed that all patients operated on for cancer of the abdominal organs, and who survived five years, should be passed as normal insurance risks. In closing the discussion on this subject, he gave a very interesting talk on the causes of cancer in various races, showing that it was due to irritation of some character rather than microbic action.

Among other interesting discussions was a symposium on the preservation of health, which was lead by Dr. J. N. Hurty, secretary of the Indiana State Board of Health, and Col. W. C. Rucker, Assistant Surgeon General, U. S. Public Health Service. One entire evening of the program was devoted to X-Ray demonstrations by use of a lantern showing the aid that the X-Ray has given to the diagnosis of various diseases, which have an intimate connection with life insurance.

The attendance at this convention was much larger than ever before and it is to the credit of the officers: Dr. James H. Stowell, Chicago; Dr. F. L. B. Jenney, Chicago; and Dr. Frank W. Foxworthy, that the meeting was such a success. This is the first meeting of this Medical Directors Association that has been held in Indiana. The program follows:

Wednesday, March 4—10:00 A. M.

Roll call.

"Inflammatory Rheumatism and Allied Diseases as Affecting Life Insurance Risks," by Dr. C. Naumann McCloud, medical director, Minnesota Mutual Life Insurance Co., St. Paul, Minn.

"Preservation of Health," by Col. W. C. Rucker, Assistant Surgeon General United States Public Health Service, Washington, D. C.

"Indigestion a Forerunner of Diseases of the Cardiac, Vascular and Renal Systems," by Dr. Fred M. Hodges, Assistant Medical Director Atlantic Life Insurance Co., Richmond, Va.

Discussion by Dr. Victor C. Vaughan, Jr., Medical Director Michigan State Life Insurance Co., Detroit, Mich.

"Overweights," by Dr. H. A. Baker, Medical Director Pittsburg Life and Trust Co, Pittsburgh, Pa.

"Prognosis Following Operation for Surgical Diseases of the Abdomen," by Dr. William J. Mayo, Rochester, Minn.

Discussion by Dr. William M. Harsha, Professor of Surgery, University of Illinois, Medical Director Order of Columbian Knights, Chicago, Ill.; Dr. J. Allen Patton, Associate Medical Director Prudential Insurance Co., Newark, N. J.

"Public Health Administration," by Dr. J. N. Hurty, secretary Indiana State Board of Health, Indianapolis, Ind.

Discussion.

Evening Session.

Entertainment by French Lick Springs Hotel Co., complimentary to the Medical Section.

Thursday, March 5.

Called to order at 9:00 a. m.

"Syphilis in Relation to Life Insurance," by Dr. Henry H. Schroeder, Medical Director Mutual Life Insurance Co. of New York, N. Y.

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"Syphilis from an Insurance Standpoint," by Dr. Amand Ravold, St. Louis, Mo.

Discussion by Dr. Ambrose Talbot, Medical Director Kansas City Life Insurance Co., Kansas City, Mo.

"The Effects of Alcohol and Tobacco on Life Expectancy," by Dr. T. D. Crothers, Editor Journal of American Society for the Study of Alcohol and other Narcotics, Hartford, Conn.

Discussion by Dr. J. Allen Patton, Associate Medical Director Prudential Insurance Co., Newark, N. J.

"Prognosis of Chronic Cardiac Lesions," by Dr. Robert H. Babcock, Chicago, Ill.

Discussion: Dr. W. S. Harpole, Professor Clinical Medicine, Northwestern University Medical School, Chicago, Ill.

"Symptoms and Physical Signs Suggesting the Onset of Organic Disease," by Dr. Charles L. Mix, Professor Physical Diagnosis Northwestern University Medical School, Chicago, Ill.

Discussion.

"The Importance of the Observation of the Mouth and Teeth, from a Life Insurance Standpoint," by Geo. V. I. Brown, M. D., Milwaukee, Wis.

Discussion.

"Extra Risks," by Franklin B. Mead, Secretary and Actuary Lincoln National Life Insurance Co., Fort Wayne, Ind.

Discussion by Oswald J. Arnold, Secretary and Actuary Illinois Life Insurance Co., Chicago, Ill.; Mr. T. W. Appleby, Secretary and Actuary Federal Life Insurance Co., Chicago, Ill.; Mr. Virgil M. Kime, Actuary American Central Life Insurance Co., Indianapolis, Ind.

Evening Session.

Illustrative Lecture—"Roentgen Diagnostics of Internal Medicine as Related to Life Insurance Examinations," by Dr. Jas. T. Case, Roentgenologist, Battle Creek, Michigan.

Discussion by Dr. Fred M. Hodges, Assistant Medical Director Atlantic Life Insurance Company.

Friday, March 6.

Called to order at 9:00 a. m.

"The Medical Department in ourt," by Hon. T. W. Blackburn, Secretary and Counsel American Life Convention, Omaha, Neb.

Discussion.

"Medical Investigations," by Dr. W. Edward Magruder, Adjuster for Accident Insurance Companies, Baltimore, Md.

Discussion.

"Causes Influencing Mortality," by Wyeth E. Ray, Medical Director, Germania Life Insurance Co., New York, N. Y.

Discussion.

"Goiter and Its Relation to Life Insurance," by Dr. Alexander M. Campbell, Medical Director Preferred Life Insurance Co. of America, Grand Rapids, Mich.

Discussion.

Informal session, Dr. H. A. Baker, presiding.

The officers are: Chairman, Dr. Jas. H. Stowell; vice chairman, Dr. Whitfield Harral; secretary, Dr. F. L. B. Jenney.

Board of Managers—Dr. Jas. H. Stowell, Dr. Whitfield Harral, Dr. Ambrose Talbot, Dr. F. L. B. Jenny, Dr. F. W. Foxworthy.

Program Committee—Dr. Fred M. Hodges, Dr. F. W. Foxworthy, Dr. F. L. B. Jenney, Dr. Jas. H. Stowell.

MEETING OF THE FIRST NATIONAL CONFERENCE ON RACE BETTERMENT.

Four hundred men and women of prominence, comprising the first representative group of scientific experts ever gathered in America for that purpose, met in Battle Creek, Mich., January 8-12, to assemble evidence of race deterioration and to consider methods of checking the downward trend of mankind. The meeting was known as the First National Conference of Race Betterment. Through the co-operation of the press, the objects and aims of the conference have been very widely disseminated and a resultant influence for better race ideals is anticipated.

Already the effect of the conference is apparent in Battle Creek, where popular interest in mental and physical efficiency was awakened by a series of public

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school tests which showed an alarming percentage of defective children in all grades.

The conference had its inception in the efforts of four men, particularly interested in race betterment—Rev. Newell Dwight Hillis, pastor of Plymouth Church, Brooklyn, N. Y.; Dr. J. H. Kellogg, of the Battle Creek Sanitarium; Sir Horace Plunkett, former minister of agriculture for Ireland, and Prof. Irving Fisher of Yale University. At the invitation of a central committee chosen largely by these men, fifty men and women of national prominence in the fields of science and education consented to share in the program. Their addresses, together with open discussion of many of the points considered, constituted a very widespread study of all phases of evident race degeneracy and the advocacy of many ideas of reform. Some of the suggested methods of improvement are frequent medical examination of the well, outdoor life, temperance in diet, biologic habits of living, open air schools and playgrounds, the encouragement of rural life, the segregation or sterilization of defectives, the encouragement of eugenic marriages by requiring medical certificates before granting license and the establishing of a eugenics registry for the development of a race of human thoroughbreds.

INDIANAPOLIS MEDICAL SOCIETY.

President, T. B. Eastman; vice-president, E. deWolf Wales; second vice-president, J. W. Carmack; secretary-treasurer, Alfred Henry.

FEBRUARY 3, 1914.

Program:

Dr. J. R. Newcomb read a paper on "A Few Ocular Dont's for the General Practitioner."

Foreign Bodies in the Cornea.—A minor injury which requires a simple precaution to prevent it becoming a more serious condition. Faulty technic of removal of foreign bodies and careless after treatment frequently result disastrously. A simple method of removal and treatment which eliminated the danger of complication. Localizing the injury—how to determine whether the injury is perforating or superficial. The importance of the measurement of the visual acuity. How to determine whether or not a corneal injury is serious.

Headaches.—Recognition of the frequent existence of a typical eye strain, headaches, because your patient is wearing lenses do not assume that those lenses are correct. Measurement of visual acuity of value. Therapeutic test which can be applied. Case reports illustrating unusual eye strain symptoms. Do not underestimate the importance of normal visual functions and the necessity of proper corrections of existing errors. Do not tell patients that children will outgrow ocular trouble. The headaches of children—Crossed eyes in children—Errors of refraction—The value of early correction and the inadvisability of corrections made too early in life.

Dr. H. R. Allen read a paper on "Advancement in the Treatment of Congenital Dislocation of the Hip Joint."

Bloodless reduction of congenital dislocation is occasionally impossible on account of the constricted capsular ligament. Many of these cases become possible if the constriction is bloodlessly stretched for a few weeks. Redislocation may be prevented by a new retention brace equipped with a padded trochanteric pressure band so installed that every strain exerted upon the splint is transformed into direct pressure of the femoral head into the shallow acetabulum. This new appliance also has adjustable legs and a successful record even in double dislocation.

Discussion:

Dr. J. W. Sluss: The apparatus shown by Dr. Allen is constructed and applied on sound principles. There is much to learn yet in such cases. The cause is unknown in most cases, seems to be an attempt on the part of nature to introduce a new mode of locomotion. Eighty-eight per cent. are females. Then means may be employed to reduce these cases, viz.: manipulative, mechanical and operative. Dr. Allen's manipulative method is not applicable to all cases. When

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capsule is shortened operative procedure is used. Mechanical treatment is brought about by machinery made for the purpose.

Dr. Lindermuth: Recognition, reduction and retention are the essentials. Often diagnosed as a form of paralysis. Radiograph shows a very shallow acetabulum due to non-development. Head is not deformed, simply not developed. Pelvis tilts forward and often shows lordosis.

Dr. Heath: "Don't" is a bad philosophy. "Thou shalt" is better. Argyrol is not irritating. "I think" or "I dont think" does not hold. We must know if there is a foreign body in the eye. Use X-ray if necessary. Eye strain is a common cause of headache. Beware of opticians. They are one of three classes, viz.: peddlers, merchants or manufacturers. Lead should never be used in the eye. Permanent opacity may result. Sulphate of copper should rarely be used, and silver nitrate seldom. Cocaine sparingly. Esserin may cause adhesions. A practitioner should ask himself "Am I prepared to treat this case?"

Dr. Sharp: A case was cited where a cinder in eye was diagnosed as rheumatism. Oculists do not know enough general medicine. The general practitioner should not attempt an eye operation unless he feels absolutely capable. Oculists and general practitioners should work together.

Dr. Pavne: As a general practitioner I remove foreign bodies to prevent my neighbor who knows less than I do.

Dr. Taylor: The general practitioner is not prepared at any time to care for an eye except to remove dust particles. He does not know how much heat and cold to apply. One "don't." Don't hesitate more than a minute to seek an oculist.

Dr. Allen, in closing: The younger the patient the better. Easy to get normal. Easy to keep normal.

Dr. Newcomb, in closing: Argyrol is irritating. Silver nitrate is my favorite antiseptic solution. General practitioners should have more respect for the oculist.

FEBRUARY 10, 1914.

Dr. Kitchen reported on "Quarters and Furnishings."

Motion by Dr. W. B. Kitchen to change location of meeting place to Washington Hotel carried unanimously. After reconsidering the motion was carried unanimously.

Program: Paper—"The Bacteriology of Rheumatism" by Dr. L. W. Barry.

1. Streptococci of low virulence are frequently found in the joint fluid and in the blood of persons suffering with acute articular rheumatism. These streptococci when injected into animals produce a disease similar to that in man.

2. Streptococci similar to those found in the joints and blood in acute articular rheumatism are also found in the muscles in cases of acute rheumatic myositis.

3. Various types of rheumatic streptococci can be changed one into another and also into pneumococci.

4. Chronic arthitis of a deformans type sometimes may be due to a hemolytic streptococcus found in the tonsillar crypts of patients suffering with this disease.

Case Report. Erysipelas, Serum Treatment, by Dr. Charles McNaull—Patient, a woman aged 72. Disease developed in the face following an infection of the eye. lasted 18 days and covered the entire body excepting lower extremities.

After four days' continued high temperature and marked toxemia, began using serum. First day gave 20 cc; 10 cc a. m. and 10 cc p. m. Next a. m. temperature was improved, but became worse by evening, then gave 10cc and repeated next morning. Conditions improved. The two days following gave 20cc each, and for nine days continued with 10cc each day. During this time there was little medication but usual local applications.

It seemed very evident that the serum controlled the toxemia during the course of the disease which, after eighteen days, subsided.

Discussion.

Dr. MacDonald: "Arthritis" has become loosely used as "rheumatism." Arthritis deformans has little to help. Bron-

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chitis is closely associated with acute arthritis, although seldom considered. Fever present shows arthritis is infectious. Organism difficult to demonstrate.

Dr. Alburger: Paper gave a good review of literature. Rheumatism is infectious in all its forms. Tonsils source of frequent infection. Also pyorrhea alveolaris. A dram to an ounce of pus swallowed daily must cause bodily infection.

Autogenous vaccine very difficult to get. Chronic cases more amenable to treatment.

Dr. Jackson: Cited cases of endocarditis in children. Pure culture Steph. aureus from blood cultures predominated. Another case of vulva abscess in a child terminating in erysipelas involving entire lower part of body. Serum treatment showed considerable improvement. No applications helped a third case except vaseline.

Dr. A. W. Bayton: White precipitate ointments have no deleterious effects especially no mercurial poisoning. I know of but one death from erysipelas.

Dr. Lindenmuth: Erysipelas is self-limiting and recovers with practically no treatment.

Dr. Payne: Erysipelas is deceptive. Cited a case which died. Stated he had seen many cases die.

Dr. McNaull, closing: I know of three cases having died. Have never used serum in facial cases.

FEBRUARY 17, 1914.

Program.

Dr. E. I. McKisson, of Toledo, Ohio read a paper on "Some Observations in Blood Pressure During Operation." No abstract furnished.

Dr. J. W. Ricketts reported a case of hydatid cyst, showing specimen. Dr. Ricketts reviewed the literature on the subject.

Dr. J. H. Taylor reported a case of "Acute Nephritis Treated with Horse Serum for Hemorrhage."

Abstract. Following points emphasized:

1. The necessity of making an early diagnosis.

2. The importance of rest and a restricted diet in its management.

3. The helpfulness of frequent examinations of the urine as a guide in its treatment.

4. The importance of keeping in closer touch with patient as a means of preventing relapse or recurrence of the disease.

5. The value of horse serum (which relieved the hemorhage from the kidneys in this case) in controlling internal hemorrhages.

Dr. Paul Coble showed (a) temporal bone sectioned, (b) luetic sequestrum. Abstract:

1. Anatomical specimen, perpendicular section of raw temporal bone cut with jeweler's saw. The cells of the mastoid process about equally exposed, blade of saw entered middle ear cutting through the incudostapedial joint, leaving these bones in place and uninjured, then out the osseous Eustachian tube. Exposed points of interest seen in this anatomical relation.

2. Two metal casts of the temporal bone showing relations of mastoid, middle and internal ear. These casts furnish an excellent means for the study of the anatomical parts they represent.

3. Two sequestrums of the nasal septum removed from cases of tertiary syphilis were shown.

Discussion.

Dr. Clark: Chief factor in mortality and morbidity is shock. It is hard to define. Probably change in protoplasm of cell. Trauma and tearing material produce shock chiefly. We can lessen both. Fear also is a causative factor. Chloroform causes most depressing condition, ether next and nitrous oxide least. Dr. Crile does no tearing, but sharp dissection. Blood pressure taken before and after operations will be a routine in all surgeries soon.

Dr. Ross: Dr. McKesson has emphasized in our society the importance of the anesthetist. I am willing to be criticised by him. Within the last century we had two epochs in surgery—the anesthetic and asepsis. It lies in everyone's

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realm to leave his work better than he found it.

Dr. Kimberlin: A surgeon should be familiar with the pressure of the blood and general circulatory condition. Many operated patients have lost resistance never to regain it. Blood pressure has to do with the various organs—not just the arteries and veins. This essay tells us we have means to determine our surgical risk. On surgeon's table we can learn much that can help one to help patient's immediate future.

Dr. McKisson's observations are scientific and help a great deal, but I believe an all-around condition is overlooked, which is of more practical value than mere blood pressure.

Dr. Kemper: I have practiced medicine fifty years. Have seen one case of hydatid cysts in fourteen hundred.

Dr. McKisson, closing: I consider taking blood pressure more important than auscultation and percussion. At the last minute before operation is no time for making a general examination.

FEBRUARY 24, 1914.

Program.

Dr. T. C. Kennedy read a paper on "The Cancer Question."

Abstract:

Cancer, from the remotest antiquity to the present time, has been clouded by superstition. The only way to make headway against it is by a campaign of publicity such as has been made in the fight against tuberculosis. To obtain early diagnosis both the laity and the profession must work together. County and state societies must devote much time to the problem as Pennsylvania already has. Physicians can not always persuade patients to come early, therefore something must be done to relieve a certain percentage of late cases which must always exist. Cancer is not contagious and seems to be a disease of the well to do. Cancer types are many and varied and killed 75,000 people in 1911. In 17 States the death rate from cancer has risen 104 per cent. since 1880. The average age of death from cancer is 59 years. The increase in the death rate is not apparent but true. The increased death rate is due to an increased debility caused by our changed manner of life. An intelligent review of the theories as to what causes cancer makes interesting reading and they are all very plausible, but none as yet are to be accepted as absolute on account of insufficient proof. Cancer is an elastic word and from popular usage is now applied to all malignant tumors. Physicians should adhere more to the scientific nomenclature as it gives a better understanding of the conditions which exist. Ninety-five per cent. of death from cancer occur after 35 years. Eighty-six per cent. after 45 years. The death rate from this disease is greater in America and Europe than all the rest of the world. Of individual countries Switzerland is the one where cancer is most prevalent.

Treatment—We must give to each new treatment careful and cautious study. Surgery can become no more radical so we must find some auxiliary agents. Ehrlich is working on chemo-therapy as a curative agency. Selenium has given some good results. Radium also has given good results, but is as yet in the experimental stage. In a few years it will have assumed its proper place and will be of great value as a palliative agent if not as a curative one.

Discussion.

Dr. Martin: Surgery still remains the only means of reducing mortality. There should not be seventy-five thousand deaths in a year. Many of these could have been saved. Early diagnosis is the key note. Precancerous condition must be attacked. Four per cent. of cholelithiasis leads to cancer of gall bladder. Seventy-five per cent. of gall bladder cancer is caused by gall stones. Many uterine symptoms cared for may prevent cancer later. Classification of tumors benign and malignant mislead physicians. The waiting for benign tumor results disastrously. There are no definite conclusions regarding radium and salenium.

Dr. Bernays Kennedy: Cancer can be cured by early surgery. No one disputes that. Women should be taught to ob-

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serve and to suspect any unnatural uterine hemorrhage. Normal and abnormal menstruations should be recognized by women. There must be more general information spread, then more individual.

Dr. La Penta: The microscope should be used more. We all need more experience in order to early diagnose. Surgery is one cure.

Dr. Rilus Eastman: Society should go on record. Some message should go out to public press as a means to further education of the people. By so doing society will have fulfilled a real purpose.

Dr. Kennedy, in closing: Trauma does not produce cancer so generally as is suspected. It is difficult to teach a woman how to recognize a cancer early when she already has an operable carcinoma. Requires several years to know when a cancer is cured. Reported two cases of epithelioma treated and cured by two applications of radium.

Dr. Brayton made a motion that the chair appoint a committee of five to take up the public education phase and publish suitable articles in newspapers, and carried.

HANCOCK MEDICAL SOCIETY.

At the first meeting of the year of the Hancock County Medical Society held January 8 at the Columbia Hotel, Dr. Joseph L. Allen, the secretary, produced the old record containing the minutes of the organization meeting of the society, held January 6, 1874, or 40 years ago, almost to the day. He read the minutes of that meeting to the physicians present Thursday night, showing that fourteen physicians were present at the organization meeting and not one of them are now living. Dr. M. M. Adams was the last to succumb.

At that meeting forty years ago, held in the I. O. O. F. Hall at 11 a. m., there were present, Drs. N. P. Howard, S. M. Martin, M. M. Adams, E. J. Judkins, of Greenfield; S. A. Troy, J. G. Stuart, Hiram Duncan, S. T. Yancy, T. K. Sanders, of Fortville, H. J. Bogart, J. B. Sparks, G. T. Wrennick, of Charlottesville; M. M. Hess, of Cleveland, and G. C. Eubank, of Philadelphia.

At 1 o'clock the meeting reconvened, and the constitution and by-laws were adopted. The first officers elected were N. P. Howard, president; S. A. Troy, vice; E. J. Judkins, secretary; J. B. Sparks, S. M. Martin and S. T. Yancy, censors; J. G. Stuart, H. J. Bogart and M. M. Hess, trustees.

At that first meeting, Dr. J. B. Sparks read an essay on purulent pneumonia, and the coincidence was that at the meeting January 8 this same subject was discussed by Dr. Charles P. Emerson, of Indianapolis. His talk was of great interest to the physicians present who included the new officers of the county association, Dr. P. E. Trees, of Maxwell, president; Dr. E. R. Sisson, of Greenfield, vice; Dr. J. L. Allen, of Greenfield, secretary-treasurer; Dr. J. E. Ferrell, of Eden; Dr. Milo Gibbs and Dr. C. K. Bruner, censors; Dr. W. A. Justice and Carl McGaughey, of Greenfield; Dr. C. E. McCord, Dr. S. W. Hervey and Dr. Stuart Slocum, of Fortville; Dr. Edgar A. Hawk, of Finley; Dr. E. E. Mace, of New Palestine; Dr. E. M. Bennett, of McCordsville. members, and Dr. Charles P. Emerson, dean of the medical department of Indiana University; Dr. Bosworth, of Birmingham, Alabama, and Dr. Max Barrett, Knightstown, visitors.

FIFTEEN NATIONS TO SEND 6,000 NURSES TO THE PANAMA-PACIFIC INTERNATIONAL EXPOSITION AT SAN FRANCISCO.

San Francisco, Feb.—A tidal wave, white-capped and wide-reaching, is scheduled to overflow the streets of San Francisco early in June, 1915. The force of the inundation will reach its maximum at the grounds of the Panama-Pacific International Exposition, but no one need prepare to flee to the hills. The flood will be a beneficient one—made up of white-capped, polyglot Angels of Mercy—more than six thousand trained nurses; the pick of the great hospitals and training schools of Europe, Asia, the two Americas and the isles of the sea.

Four congresses or conventions of

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these alleviators of suffering will hold their triennial sessions at the exposition: the International Association of Nurses, representing fifteen foreign nations, including England, Ireland, Germany, France, Belgium, Italy and others, with Australia, China and Cuba; The American Nurses' Association, with 22,000 members, of which Miss Genevieve Cook, of San Francisco, is president; The National League of Nurse Education, numbering 12,000 members, chiefly educators and superintendents of training institutes; the Organization of Public Health Nurses, with an equal number of members, whose labors have to do particularly with public health, tuberculosis, settlement work, social service, and the like; and finally the California State Nurses· Association, which will act the part of hostesses to the foreign contingent.

Announcement of the coming of these large bodies of women workers—for there is scarcely a man among them—was made by the president of the International Association, Dr. Helen Parker Griswell, on her return from a four months' tour of Europe, in the interests of the exposition.

"Everywhere—in Paris, London, Brussels, Berlin, Rome, and in the provinces," said Dr. Croswell, "I found the nurses and the officials of the foreign training schools and organizations full of enthusiasm for the meeting at the exposition. The attendance from European countries will be enormous; and in addition to the congresses, these organizations are uniting in the preparation of a comprehensive exhibit of all modern hospital appliances, besides an historical exhibit, a model mortuary and demonstration wards. These exhibits, with the demonstration hospital, will be maintained during the ten months of the exposition. We expect that at lease fifteen countries will be represented with over 6,000 delegates. The American branch, of which Miss Genevieve Cook of San Francisco is president, will take a prominent part, as will the two closely allied national nurses' organizations. These are distinct from the Red Cross, which also will hold a congress at about the same time."

DR. G. W. H. KEMPER, A DOCTOR FIFTY YEARS.

Dr. G. W. H. Kemper, of Muncie, Ind., has practiced medicine fifty years and there are but few members of the State Association who do not know him. He has a host of friends in Indianapolis.

Our readers will be interested in the story of his life as related by him in an interview early in March. Dr. Kemper said:

I have practiced medicine fifty years —a task that but few accomplish. I was assistant surgeon of the Seventeenth Regiment, Indiana Volunteers, one year, five months and twenty days. I have practiced medicine in Muncie forty-eight years, six months and thirteen days. Added together, these two periods make fifty years. In a recent editorial in the Journal of the American Medical Association a compilation of the past ten years, shows the average duration of medical practice in the United States to be thirty-two years, seven months and twenty-two days. I have exceeded this average nearly seventeen years.

"The boys" with whom I walked and rode in the "sixties" have nearly all fallen asleep, and those who remain walk with an unsteady step. Not one of the physicians whom I met when I located in Muncie, August 19, 1865, remain. All have gone on that unreturning visit, which allows of no excuse and admits of no delay. Later, in 1865, Dr. W. J. Andrews came to Muncie and he and I joined the Delaware County Medical Society at the same time in the fall of that year. While four years my junior, Dr. Andrews in is broken health, and retired from practice some years ago.

After locating in Muncie for four years I visited my patients on horseback or else on foot. At that period the roads in Delaware county were unimproved. There was but one graveled road leading into Muncie. I often made long rides into the country day and night. The

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trees and stumps by the roadside became familiar to me as wayside guides, whether I passed them in daylight, at eventide or at midnight. At certain seasons of the year many of the roads were almost impassable, and often I tied my horse to a tree or fence and protected by my rubber boots waded swamps and made my way across fields to the home of my patients.

The night calls which I received in my early practice were made by persons who came for me on horseback. The messenger sat upon his horse in the middle of the street in front of my house and shouted, "Hey, Doc," until I raised my window and responded to his call. Later, they came in a buggy, and with more dignity knocked at my door, or rang my bell. Still later they used the telephone.

I used to have a genial friend in the army whose patience at times would be taxed when some tardy soldier lingered too long upon an errand, who would exclaim, "He would be a good hand to send for a doctor if the devil was sick." I have had messengers consume two or more hours coming for me when the roads were heavy and muddy, and then we doubled the time in returning, and found the anxious friends of the sufferer waiting at the gate for the coming doctor. Now, the call is sent over the telephone, and the doctor can go on the ten or twelve miles over our good roads in his automobile inside of an hour.

The period of my practice has comprised an eventful history in various matters—especially in the study and practice of medicine. I am a graduate of one of the best medical colleges, but at the present day I would not be permitted to matriculate as a student of medicine in our State University, because of lack of literary training. I am not even a graduate of a high school. I am glad that Lincoln was not educated in a college. Had such been the case, the beautiful Gettysburg oration composed of monosyllables might have been disfigured with polysyllables. However, I am glad that the standards for a preliminary, and also a medical education, have been elevated.

Besides my service in the army, I have taken some interest in municipal affairs, having served two terms in the city council. For several years I served as a member of the library board. I was the first president of the humane society, and have been one of its officers sin retiring from the presidency.

I have served in other capacities, feeling that a physician should not allow his duties to be narrowed. I served for thirty-three years as an official member in my church, and twenty years as a Sunday school superintendent, also have taught a class of adults for some years. I have an idea that mingling with children helps to keep me from growing old and seclusive.

Half a century ago physicians carried saddlebags, which contained roots for making decoctions, and tinctures, powders, and various bulky medicines. Today, we carry a variety of nicely prepared tablets compounded with wonderful exactness, concentrated tinctures, and fluid extracts.

Some of the former remedies have lost out. Older readers can remember when we used "boneset tea," "pink and senna," for worms, rhubarb, jalap and many other nauseous doses. I can, even yet, call to mind the odors of remedies that accompanied the good old doctor as he came to my father's home. Also the doctor who

> Came with a free good will
> And gave a dose of calomel.

There were times when the patient swallowed a tablespoonful of powdered peruvian bark at a single dose in order to cure the "chills and fever." King James said, "The first person who swallowed an oyster must have been a very valiant man." Those who took the huge doses so common half a century ago were likewise heroes.

I have found time for some literary work, having written more than fifty articles for medical journals and societies. In 1897 I contributed a booklet entitled,

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"Uses of Suffering." Still later, a small work on "The World's Anatomists." In 1911 I gave to the profession a book entitled "A Medical History of Indiana." This volume was the result of two and a half years of research during my spare hours, after I had passed my seventieth birthday.

I have personally met a large proportion of the prominent medical men of Indiana, and was glad to esteem them as friends. In 1886, the Indiana State Medical Society honored me by electing me as its president, and I served as such at the session of 1887. I have an autograph letter from Dr. Oliver Wendell Holmes, complimenting my address on that occasion.

My bank account has never assumed extensive proportions; I have never aspired to be rich. Had I labored as actively in other fields as in medicine, I believe I would have accumulated more money. I have aimed in life to be generous to all worthy enterprises. My accumulations of the present day came with time and frugality, like "Topsy," "they growed."

I have seen times on battle fields when, if it had not been my duty to be there, and nowhere else, I should have fled, and I have encountered conflicts no less severe, single-handed and alone in the sick chamber, when if I had not been a physician, I would not have remained. Yet, if I had my life to live over, I would not prefer to be any other than a physician. During these fifty years medicine has been my paramount object—everything else gave way to this one thing. I have left the banqueting table to relieve the sufferer. I think I may say, without egotism, that as a physician, I have led an active life. Work does not injure any one, and I have enjoyed it. To me, my life in Muncie has been a pleasant one.

When a boy it was one my day dreams that I should see a battle, climb the great pyramid of Egypt, and visit Jerusalem and Damascus. My boyish wish has been gratified in each particular. I have seen both hemispheres, and set foot upon all the divisions of the globe, except South Africa and Australia.

In the fifty years I have enjoyed a good degree of health. I escaped wounds and sickness in the army, possibly less than sixty, would comprise my sick days. I practiced medicine in Muncie thirty-six years before I was confined two consecutive days to my bed, and then I contracted blood poisoning from one of my patients. I passed under the surgeon's knife once, and was an inmate of a hospital one week.

My wife has been my faithful companion for nearly forty-nine years, and has shared my every joy, and helped me to bear every disappointment. Four children have come to our home. Once a little casket has crossed our threshold.

The scenes of suffering and sorrow which I have witnessed in my professional life have never staggered my faith in the wisdom and goodness of a kind and beneficent Creator. The lessons that I learned at my mother's knee, like the pillar of cloud and of fire have never forsaken me. I have always admired the sentiment expressed by Thomas Campell, in his poem, "The Last Man," and with him

> The darkening universe defy
> To quench his immortality
> Or shake his trust in God.

SPICE AT A LITERARY CLUB.

The Indianapolis Historical Society is not a medical organization although several of its members are doctors. Very frequently medical subjects are discussed. The work of the present year is on Italy, its history, literature and music. At a recent meeting, after papers on Michaelangelo, Raphael and Leonardo da Vinci that part of the program known as "out of the ordinary" was announced.

Some of the tales and anecdotes have a semi-medical bearing. It was suggested that every story have a local origin and that it be a tale not twice told.

One member apologetically gave the Literary Digest or the Walnuts and Wine of Lippincot's as the source and told of the man who visited the country of the moonshiners, where whisky first shot was running next to water in quantity. The

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visitor remarked that it was surely a bibulous country, to which the patriarch moonshiner replied, "It can not be, for there has not been a Bible in this locality for twenty-five years." This made an opening for Miss Margaret Gilday to remark that very recently the school teachers were asked to furnish a list of books for the library. She mentioned certain readings in hygiene for children and in this connection used the word bibliography. Another teacher said, "But all of them are sacred stories." Mrs. Hugo Fischer, who is a teacher of German in the public schools, gave in German a doctor's rhyme of unknown origin, of which the following is said to be a literal translation:

There was an old doctor, a long time ago,
Who hired a fellow to shovel some snow;
But instead of a shovel he gave him a hoe;
For he was a Hoe-me-a-path, don't you Know.

'Tis Folly to be Wise.—While on a Fair Grounds street car a young lady asked Dr. Keller, Who is Disraeli? The doctor replied, "And you a student of Butler?" The Y. L. said, "Well, two of the girls looked through the Old and New Testament but could not find the name." A trim and precise Quaker lady entered the same doctor's office and desired treatment for the ill effects from the overindulgence of rich food. She said, "I first called at the office of Dr. ——— on North Meridian street and he said that my condition was due to autointoxication. Now, I say to you, Dr. Keller, with all truthfulness, I never took a joy ride in my life." After an explanation the Quaker lady replied: "I now see that I should not have taken offense."

Since the papers of the evening described the work of the greatest sculptors one member said that there are persons who purchase pieces of statuary for fabulous sums of money and yet know so little of art that an imitation would answer the purpose if some kind friend would not tell them that it was not genuine. To illustrate, the story of the Bostonian was told who, having risen from hovel to mansion, purchased several pieces of statuary, among which was the Venus of Milo. When it was unpacked the owner noticed that the arms were absent, so at once filed suit against the railroad company and was given a verdict in his favor for several thousand dollars damages.

Dr. Buehler remarked that the story was akin to the one many times told of the two men who placed a wager concerning their knowledge of the Lord's prayer, and when one of them commenced, "Now I lay me down to sleep," the other replied, "that is enough. I did not believe you knew it."

DEATH OF ROSWELL PARK, M. D.

Dr. Roswell Park, Professor of Surgery in the University of Buffalo, died suddenly at his home in Buffalo on February 15. Born in Pomfret, Conn., May 4, 1852, he received his medical degree from Northwestern University in 1876. He was successively Demonstrator of Anatomy in the Women's Medical College, Chicago, Adjunct Professor of Anatomy in the latter institution, and Professor of Surgery in Rush Medical College, and in the Medical Department of Northwestern University. In 1883 he was appointed Professor of Surgery in the University of Buffalo and Surgeon to the Buffalo General Hospital and held these positions to the time of his death. He was a director of the New York State Cancer Laboratory at Buffalo. Dr. Park received honorary degrees from Lake Forest University, Harvard and Yale. He was at one time President of the American Surgical Association and of the Medical Society of the State of New York. He was the author of many medical works, notable among which are his: "Modern Surgery" and "A History of Medicine." He was associate editor of The Annals of Surgery.

"Life like the dome of many-colour'd glass
Stains the white radiance of eternity."
—Shelley.

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NEWS ITEMS.

Dr. Hiram J. Coon died of apoplexy February 27 at his home in Colfax. He was a son of Hiram Coon, an early settler in the State, and was born and reared on a farm near Thorntown. He studied medicine under Dr. L. J. Davis, an army surgeon, and was graduated from the University of Michigan in 1874 and later from the Central College of Physicians and Surgeons, Indianapolis. He began the practice of medicine at Cutler but later moved to Colfax, where he practiced until his death. Dr. Coon was chief surgeon of the Big Four and the Vandalia railroads and was vice-president of the Surgeons' Association of the Pennsylvania lines.

Several months ago a communication in our columns by Dr. W. W. Vinnedge contained the announcement of a prospective heir in the family of Dr. Harvey Wiley for February. The following press item tells all:

Washington, February 28.—Dr. Harvey W. Wiley, former chief chemist, is a proud papa again. John Preston Wiley arrived at 7:30 this morning. He weighs ten pounds. Mrs. Wiley and the baby are both doing well. She and the doctor, who will be seventy years old in October, were married in 1911.

The other Wiley baby, born May 16, 1912, is also a boy.

Dr. Howard R. Lowder died of heart disease at his home in Bloomfield, February 13. He was sixty-nine years old, and is survived by a widow and two daughters, Mrs. Lealdas F. Forbes, of Linton, and Mrs. Wendell H. Faucett, of Cincinnati, O.

Dr. Lowder served in the Civil war for four years, being a member of Company F, Forty-third Regiment, Indiana Volunteer Infantry, enlisting soon after his sixteenth birthday. He had been engaged in active practice of medicine for almost forty years. He always took an active part in politics and in 1892 was the delegate from the Second Congressional district to the Republican National convention at Minneapolis. In 1912 he was county chairman of the Progressive party and a few weeks ago was elected vice-chairman of that party for the Second Congressional district.

The State Board of Medical Registration and Examination on February 13 announced the list of successful applicants for medical licenses in Indiana, who took the board's examination two months ago. The list includes the names of two successful osteopaths, W. S. Powell, of Bluffton, and Veva Chalfant, of Muncie. William J. Mellinger, an interne at the city hospital in Indianapolis, was the only one of the ten successful applicants getting a place on the board's honor roll.

The roll is kept for all students who make more than 900 points in examinations out of a possible 1,000 points. Mellinger's total was well over 900 points. The others who passed the examination were: H. C. Hurd, Indianapolis; C. F. Lynch, Terre Haute; R. W. Johnson, Lowell; Frank H. Kelley, Argos; A. M. Mitchell, Terre Haute; W. H. Mikesch, Hammond; Frank B. Fisk, Indianapolis.

Dr. Joseph Rilus Eastman will deliver the oration on "Surgery" at the meeting of the Missouri Valley Medical Association March 24, 1914, at Lincoln Nebr., and also at the meeting of the Illinois State Medical Association May 20, 1914, at Decatur, Ill.

Dr. A. R. Kellar will deliver an address before the Woman's Suffrage Association at Des Moines, Iowa, March 29.

Dr. G. W. H. Kemper, of Muncie, Ind., was a visitor at the Indianapolis Medical Society February 14 and gave a reminiscent talk.

Dr. F. W. Foxworthy holds a clinic regularly at one of the large manufacturing establishments in Haughville. He looks after the welfare of one thousand men.

The Indianapolis Medical Society are contemplating erecting a building in which there will be office rooms and a

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large auditorium, in which the meetings of the society can be held. A committee of twenty has been appointed by the president, Thomas B. Eastman, to present a feasible plan to the members.

The new buildings at the City Hospital, those at the Methodist Hospital and the Long Hospital will be ready for occupancy in sixty days.

Drs. J. F. Barnhill and E. W. Wales attended the mid-section of the American Laryngological and Otological Society in Detroit February 23.

Dr. G. W. Woolen spent a part of early March at French Lick Springs.

FOLLOWING HIS LEAD.

Young William received a new diary for a birthday present and was encouraged by his mother to set down each day's doings.

The first day he wrote "Got up at seven," and then continued to record incidents of the day. At his mother's suggestion he took it to his teacher for approval.

She criticized his first phrase. "Don't say 'Got up,' William," she said. "The sun doesn't get up; it rises."

Upon retiring that night William remembered his teacher's instructions, and wrote with much care in his diary: "Set at nine."—Ladies Home Journal.

HE STOOD IN THE WAY.

Last summer a fruit-grower who owns fifty acres of orchards in the irrigation belt was rejoicing in a light rainfall, when his hired man came into the house.

"Why don't you stay in out of the rain?" asked the fruit man.

"I don't mind a little dew like this," said the man. "I can work along just the same."

"Oh, I'm not talking about that," exclaimed the fruit man. "The next time it rains you come into the house. I want that water on the land!"—Ladies Home Journal.

RECESSIONAL.

God of our fathers, known of old—
Lord of our far flung battle line—
Beneath whose awful hand we hold
Dominion over palm and pine;
Lord God of Hosts, be with us yet,
Lest we forget—lest we forget!

The tumult and the shouting dies—
The captains and the kings depart—
Still stands thine ancient sacrifice,
An humble and contrite heart,
Lord God of Hosts, be with us yet,
Lest we forget—lest we forget!

Far called, our navies melt away
On dune and headland sinks the fire—
Lo, all our pomp of yesterday
Is one with Nineveh and Tyre!
Judge of the Nations, spare us yet,
Lest we forget—lest we forget!

If drunk with the sight of power, we loose
Wild tongue that have not Thee in awe—
Such boasting as the Gentiles use,
Or lesser breeds without the law—
Lord God of Hosts, be with us yet,
Lest we forget—lest we forget!

For heathen heart that puts her trust
In reeking tube and iron shard—
All valiant dust that builds on dust,
And guarding, calls not Thee to guard,
For frantic boast and foolish word,
Thy mercy on Thy people, Lord. Amen.

—Rudyard Kipling.

Coming in the London Times the day following the crowning of Victoria as Empress of India as well as Queen of England the Recessional was startling in its solemnity.

A SPARTAN YOUTH.

It was raining hard one Sunday, and the little boy asked his mother if they weren't going to Sunday school.

"No, not today, dear," she answered, "it's too muddy and its raining too hard."

"Well, Mamma," said the little Puritan, "it was raining yesterday and we went to the circus."

The mother immediately made preparations to go.—Ladies Home Journal.

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BOOK AND JOURNAL REVIEWS.

History of Medicine, with Medical Chronology, Bibliographic Data, and Test uestions. By Fielding H. Garrison, A. B., M. D., Principal Assistant Librarian, Surgeon General's Office, Washington, D. C., Editor of the "Index Medicus." Octavo of 763 pages, many portraits. W. B. Saunders Company, Philadelphia and London, 1913. Cloth, $6.00 net; half morocco, $7.50.

The object of this book is met by furnishing both student and practitioner a definite outline of the history of medicine and also many important facts which add to medical culture. We find nothing verbose and lengthy but rather there is shown a clearness and conciseness. The publication so far as we are able to judge seems to be accurate and complete. It is not saying too much to indicate that this is a panorama of medical history. These series of select biographies of important physicians and other bibliographic notes for collateral reading have been arranged in alphabetic order for ready reference, and explain themselves. Embodied in the text, with references, we find matter pertaining to the history of important diseases, surgical operations and therapeutic procedures. Every community would be better if it had a medical history club. A confession that almost any one would be willing to make is that the study of medicine in colleges and elsewhere has been slighted in the past and yet the present improvement although meagre shows a dawn of better times. More papers upon medical history should be presented to our societies and for the listener to say that such are dry is an acknowledgment of his own defects. If associations exist for the study of history of this character, this publication would make a superb textbook and guide for the proceedings and furthermore it would be reliable reference. Dr. Garrison has such an idea in mind and says that a pleasant way of studying the history of medicine is by means of the medical history club, which differs from the formal medico-historical society in that the papers read serve as an introduction to a congenial conversazione, with refreshments or otherwise. As the private musical club depends for its success upon the disinterested spirit of the refined amateur, so the law of the history club is that each member must shed all assumption or any trace of the professional jealousy which is common to physicians, musicians, politicians, and those possessed of histrionic or operatic talents. Stevenson said of the Barbizon community of painters that "formal manners being laid aside, essential courtesy was the more rigidly exacted. * * * to a touch of presumption or a word of hectoring these free Barbizonious were as sensative as a tea party of maiden ladies." The medical history club will never thrive unless each individual member preserves the modest, consistent attitude of a learner. Michael Angelo's cartoon of Father Time in a go-cart, with the legend "Ancora unparo," might be its device, if such a club is to be a "going concern."

S. E. EARP.

The Elements of Bacteriological Technique, a Laboratory Guide for Medical, Dental and Technical Students. By J. W. H. Eyre, M. D., M. S., F. R. S. Edin. Director of Bacteriological Department of Guy's Hospital, London, and Lecturer on Bacteriology in the Medical and Dental Schools. Second edition rewritten and enlarged. Published by W. B. Saunders Co.; pages 518. Price $3.00 net.

This is the revised edition printed in America; entirely reset with additional illustrations. It comes "out of the workshop" from the bacterial department of Guy's Hospital, London. It is a complete working manual—apparatus is fully described. The microscope has thirty pages; examination of bacilli and fungi twenty; staining methods fifteen; freezing methods, parraffin methods, etc., twenty; culture media, forty pages. In-

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cubators and methods of cultivation and isolation are fully described. Then sixty pages are given to serums, inoculation methods, titration of hemolytic serums, storage, etc., in brief all that leads up to such applications as the Wassermann.

The last third of the book has to do with experimental work on animals alive and post-mortem. The chapter on analysis of water and food products, sewage soil, etc., closes this excellent laboratory work. A. W. B.

Massage, Manual Treatment, Remedial Movements—History, Mode of Application and Effects; Indications and Contra-Indications. By DouglasGraham, M. D., Consultant and Instructor in Massage, Boston, Mass. With a chapter on massage of the eye by Dr. A. Darier, Paris. Fourth edition revised and enlarged with 75 illustrations. Philadelphia and London. J. B. Lippincott Company.

This work is one of the fullest expositions of the art of massage that has ever been given to the public, having 574 pages, replete with instructions and explanations of inestimable value to both physicians and massagists. There seems to be no detail too trivial for Dr. Graham to miss, and in the most volumnious manner he makes plain the why and wherefore of each manipulation and each movement. Beginning with an extended history of massage from the earliest ages, Dr. Graham takes the reader along to the days of Dr. Weir Mitchell and Professor Billroth and shows how, from the crude rubbing and pinching of the ancients has grown the skillful, scientific and intelligent manipulations of the trained masseur. The chapter upon "Massage in Affections of the Central Nervous System" and that upon "Massage in Joint Affections" the especially valuable. The chapters by Dr. Darier on Massage of the Eye and Ear are very interesting and instructive and should be read with interest by otologists and oculists, who perhaps, heretofore, have not considered massage as a help in their work.

A very interesting feature in Dr. Graham's book is his report of the results of massage in over two thousand different cases, treated by him and by others, showing just what mode of procedure was used and the outcome.

That massage is a most valuable adjunct to materia medica, and that its proper administration has been of great help to the physician in his treatment of many ailments, has been an acknowledged fact for many years, and any work which deals as fully and as elaborately on the subject as Dr. Graham's should be a welcome addition to any medical library.

W. C. WOOD.

The Surgical Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume II. No. VI. (December). Octavo of 186 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1913. Published bi-monthly. Price per year: paper $8.00; cloth, $12.00.

This issue of the clinics contains much important matter which should be read with interest. What is said concerning tuberculosis of the lungs and bone cept of radius is very important. Tuberculoma of the spinal column and several other contributions are well illustrated. The student clinic at the opening session of the year on page 1061 illustrates Dr. Murphy's method of student instruction with preliminary remarks. There is also given a list of cases operated upon and demonstrated by Dr. Murphy, at Mercy Hospital, during the week of the Clinical Congress of Surgeons. Another thing worthy of mention is the comments and operations for cholelithiasis, stones in common duct, with intense jaundice.

S. E. E.

Marriage and Genetics, Laws of Human Breeding and Applied Eugenics. By Charles A. L. Reed, M. D., F. C. S. pp. 182. (5¼x7¼). Price, including postage, $1.00. Subscription only. The Galton Press, Publishers, Cincinnati, Ohio.

This book seems to be the outgrowth of a desire of the author to overcome the ignorance which in too many instances

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keeps innocent victims from protecting themselves and their offspring from disease and degeneracy. If the thoughts expressed by the author are taken as a guide there is provided an opportunity to avoid many of those conditions that destroy the possible happiness of the marriage state and convert the bridal chamber into the anteroom of the divorce court. Consideration is given to the natural laws of human breeding inherent in the individual, as a foundation for the text. Throughout this book the reader will arrive at the conclusion that knowledge is the best preventative of disaster. The concluding section on applied eugenics is handled understandingly and brings out certain facts which are of vital importance to husband, wife and parent. S. E. E.

W. B. Sounders Company, publishers of Philadelphia and London, have just issued an entirely new eighty-eight page illustrated catalogue of their publications. As great care has evidently been taken in its production as in the manufacture of their books. It is an extremely handsome catalogue. It is a descriptive catalogue in the truest sense, telling you just what you will find in their books and showing you by specimen cuts, the type of illustrations used. It is really an index to modern medical literature, describing some 250 books, including 30 new books and new editions.

A postal sent to W. B. Saunders Company, Philadelphia, will bring you a copy —and you should have one.

Dorland's American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M. D., editor "American Illustrated Medical Dictionary." Eighth edition revised and enlarged. 32 mo. of 677 pages. Philadelphia and London. W. B. Saunders Company, 1913. Flexible leather, gold edges, $1.00 net; thumb index, $1.25 net.

This edition is considerably larger than others and is superior in many other respects. It contains the pronunciation and definition of all principle terms used in medicine and the kindred sciences including dentistry, veterinary medicine, nursing, etc., with over sixty extensive tables. The table of doses is both in the apothecary and metric systems. There is also a veterinary dose table. The selection of words seems to be as complete as possible. The definitions of terms are brief yet clear and adequate. The order of arrangement of matter is strictly alphabetical. There is an index to the tables which includes important headings where there are large numbers of grouped facts. The paper is good, the printing clear and all things considered this is one of the best pocket dictionaries. S. E. E.

EUGENIC LOVE SONG.

Stick out your tongue, my love, and let me see
Once more its pink, uncoated loveliness.
Eugenic, healthy maid, each day I bless
The hour when first you felt the pulse of me

Behold the birthday gift I bring to thee;
A brand-new stethoscope! Ah, nothing less!
But oh, my dear, it gives me great distress
To see you eat hot muffins with your tea!

Loved one, I know no other dame or maid
Whose bony conformation equals thine!
And when thine adenoids are cured next year
And my rheumate ghosts have all been laid,
Eugenia, love, the doc will make you mine;
But pray be careful of your diet, dear.
—New York Sun.

The shadows of the mind are like those of the body. In the morning of life they all lie behind us; at noon we trample them under foot, and in the evening they stretch long, broad and deepening before us.—Longfellow.

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INDIANAPOLIS MEDICAL JOURNAL

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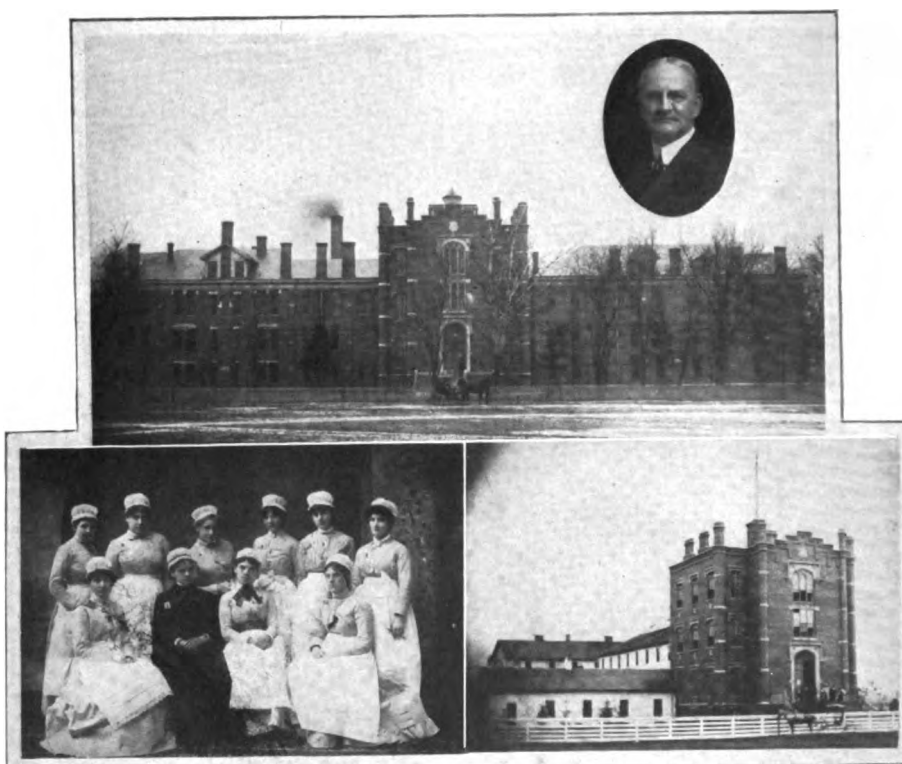

The Indianapolis City Hospital, built 1883-84 (south front).
Dr. William N. Wishard, Superintendent Indianapolis City Hospital, July 1, 1879, to January 1, 1887.
First class of trained nurses in Indiana, Flower Mission Training School for Nurses, opened in Indianapolis City Hospital, September 1, 1883. Miss A. A. Traver, Superintendent.
The Old Indianapolis City Hospital, built 1856-59.
(Souvenir dinner card 40th anniversary of Dr. Wishard's graduation in medicine, February 28, 1914).

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SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
24½ Kentucky Ave., Indianapolis.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession. The Editor assumes no responsibility for the views of contributors.

Vol. XVII. INDIANAPOLIS, IND., APRIL 15, 1914. No. 4

ORIGINAL COMMUNICATIONS.

FORTY YEARS OF PRACTICE IN INDIANAPOLIS—DR. W. N. WISHARD'S CELEBRATION.

(Collated by A. W. Brayton, A. M., M. D., Indianapolis, Ind.)

Dr. William N. Wishard celebrated the fortieth anniversary of his graduation in medicine February 28th, 1914, by giving a dinner at the Columbia Club to all those who had been his internes during the seven and a half years that he was superintendent of the Indianapolis City Hospital, and those who had been his office mates since he began the practice of medicine in Indianapolis, as well as to those who had been his assistants in various capacities in his office work in genito-urinary surgery. The total number of these three groups is forty-eight. There were thirty-six who found it possible to be present, while every one of the remainder living sent his regrets.

The company first assembled in Dr. Wishard's office, in the Hume-Mansur at six o'clock, where they met Mrs. Wishard, Dr. Wishard's sister, Miss Elizabeth Wishard, Mrs. John G. Wishard, Mrs. Peter F. Bryce and several other friends of the family. After an hour of chit chat and renewing of old acquaintance, the physicians adjourned to the dining room at the Columbia Club and were seated at seven-thirty. The tables were set in the form of an open square and were beautifully adorned with roses, carnations and ferns. When all were seated a flashlight picture of the assembly was taken. Dr. Wishard sat at the head of the table; to his left Dr. John H. Oliver, who acted as "best man," he having followed Dr. Wishard as superintendent the succeeding four years. Seated near was Dr. George Edenharter, who succeeded Dr. Oliver as superintendent of the City Hospital until appointed superintendent of the Central Indiana Hospital for the Insane, a position which he has occupied with credit and honor for a period of twenty-one years. This schooling in superintendency and his notable executive ability paved the way to his present position. He is recognized as one of the eminent hospital superintendents and builders of the United States.

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All who were present were graduates of the old Indiana Medical College, except Drs. Theodore Potter and Terry M. Townsend of New York City, and Dr. Carl Lewis Wheeler, of Lexington, Ky., and Drs. Startzman and Davis, undergraduates. Dr. Potter was the first demonstrator of bacteriology in the college, and in his work at the City Hospital used the microscope which was presented to Dr. Wishard by his physician friends at a banquet given in his honor at the Denison House upon his retirement from the City Hospital on January 1, 1887. Dr. Townsend was associated for several years with the eminent Dr. Ferd Valentine of New York City, and studied genito-urinary surgery under Dr. Wishard in Indianapolis. Dr. Wheeler also has taken special work in genito-urinary surgery under Dr. Wishard.

At the close of the banquet Dr. Wishard made a brief address, thanking those who had come from near and far for their presence. Dr. John Oliver then read the various letters of regrets from those not able to be present, brief abstracts of which are included in this report. Various members present responded upon call of Dr. Oliver and gave personal histories and reminiscences of their hospital days and the dealings of time with them to the present.

Among these were Drs. Brayton, Potter, Steelsmith, Noble and Kimberlin. Dr. John Oliver introduced the various speakers with remarks and memories felicitously presented. The evening was one of unalloyed pleasure and enjoyment. No similar convocation has occurred in the history of Indianapolis physicians. Dr. Wishard's work was unique. During his superintendency and that of Dr. Oliver antiseptic surgery was first taught and applied in the City Hospital. The great practical leaders in this work were Drs. Wishard, Oliver, Marsee, Joseph Eastman, Chambers and Potter. To Dr. Wishard also belongs the credit of establishing the first training school for nurses in Indiana, and the second in the Mississippi Valley. Graduates of this nursing school assisted in organizing associate schools in several sister cities in the middle west. Dr. Wishard secured additions to the City Hospital costing over $65,000, so that what was once known as "Dunlap's Folly"—the old City Hospital, finished in 1859 and lying idle until 1861 when it was used through the Civil War as a Government Hospital and on July 1, 1861, opened with Dr. Green V. Woollen as superintendent of the first Civil Hospital in Indianapolis—was fittingly characterized when he turned it over to Dr. John Oliver as "Wishard's Wisdom."

Letters of Regret.

The following extracts are from letters of regret received from the few who could not possibly be present. Dr. William Jennings, now Presbyterian minister at Blue Earth, Minn., wrote: How it would rejoice my soul to respond in person to your kind invitation. Accept my hearty congratulations on your two score years of curing and perfecting the physical organism.

> Forty years is quite a spell
> A "strivin'" to make people well.

but may you have many more of them is my sincere wish.

Dr. G. C. Given, of Harriman, Tenn.: Nothing would give me more pleasure than to be present at Dr. Wishard's fortieth anniversary of practice. The date happens to mark the twenty-fourth anniversary of my own graduation.

Dr. John M. Blair, Houston, Texas: I would be delighted to attend and exchange experiences with you and the rest of your boys. I take great pride in being one of them. My life has been a busy one; rich in experience and hard work. I hope I may be present in ten years, on your fiftieth anniversary of medical practice.

Dr. John Q. Allen, Montrose, Col.: Thanks for your kind invitation. By some strange telepathy I had been thinking recently about you and your sisters, and the old times at the City Hospital. Thirteen years ago, February 28th, I rode a snow slide down the mountain at Telluride. Every man with me was killed and I was somewhat crippled. We lost twenty-three men that day by avalanches. We will hold memorial ex-

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ercises and I expect to be present. But my divided heart will be with you and the boys as well as with the dead. I wonder if old Steelsmith will be there? In any case here's love to the bunch.

Dr. Ralph St. John Perry.

Dr. Ralph St. John Perry, Farmington, Minn.: My Dear Dr. Wishard—It is thirty years, save one, since I was an interne with you in the old City Hospital. I am full of memories, notably of the night you corralled all of the internes and nurses in the chapel and gave new rules governing the conduct of house physicians and nurses, and how we violated said rules, and how indignant we were when Miss Hunt, superintendent of nurses, kicked over the traces and violated all rules and regulations by marrying Mr. Peter Bryce, the president of the Hospital Board.

Can you remember the old swimming hole, up around the bend in Fall Creek, near the old pest house—how the gang used to go up there and have a good time? There was Joe Morrow, Dan Thompson, Clint Zaring, John Oliver, Dr. Joseph Marsee and Harry Commingore. I have not seen the old hole and its slippery diving log for thirty years; I fancy if we went swimming there now we would create a sensation.

I went to the hospital after a year at the City Dispensary, but many of my "firsts" happened out there. There was my first death, my first postmortem, my first miscarriage, my first forceps case and my first antiseptic surgical operation. I hope all of the old boys realize, as I do, that the medical profession underwent the transition from sepsis to asepsis while you, Dr. Wishard, were superintendent of the City Hospital. Dr. Dan Thompson was the last interne who spent hours each day in cleaning away "laudable pus." Drs. Morrow and Zaring were among the first to see operative wounds healed by first intention under antiseptic treatment. And I also wonder if the Indianapolis public in general knows that Dr. William Niles Wishard was chiefly to blame for foisting upon them aseptic and antiseptic surgery by compelling by his work and teaching the old-time staff surgeons to adopt these modern innovations.

I shall never forget the afternoon one of the older and recalcitrant surgeons was laid upon the shelf. An accident demanded a thigh amputation and Dr. Joseph Marsee was out of town. While the ambulance was making the run you, Dr. Wishard, debated with wrinkled brow and then called upon young Dr. John Oliver to operate, and Dr. John was "Johnnie on the spot," and that afternoon the streptococcus looked the staphylococcus in the eye and said, "The jig is up, the stuff is off."

And I wonder—well, I wonder lots of things when I think of those old days and just now I am wondering if your ears should not be sprayed with ethyl chloride to keep them from burning, for I am sure there is not one of your old boys but has a kindly word for the man who guided their footsteps when they were beginning to walk in medical paths. Tell everybody "hello" for me and that I am sorry I can not be "one of those present."

Others of the Absent.

Dr. E. B. Moffett, Berkeley, Cal.: I should like to be with you. I long again to clasp the hands of the living and pay tribute to those who have passed over. There was the dear, loving Churchill; the wholesouled Dan Thompson; there was Crose; and others, dear in memory even at such a love feast as this will be. The happiest professional year of my life was with you as your interne at the Indianapolis City Hospital.

Dr. W. A. Germain, Sioux Falls, N. D.: Thanks for your invitation. I think of you often and your sincere, kind and inspiring ways; also of Dr. John Oliver, Orange Pfaff and dear old Steelsmith. I am just home from Florida. Am sorry I can not get away again so soon, but I will be with you in spirit on the evening of the 28th.

Dr. John B. Davis, Denver, Colo.: Dear Dr. Wishard—I must decline your invitation, but with much regret. You have been to me an inspiration ever since I was interested in urology. I would love to be with you. I hope to be

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at your fiftieth anniversary. Kindly remember me to all my friends. (Dr. Davis is the son of Dr. Wm. H. Davis, of Denver, superintendent of the City Hospital preceding Dr. Wishard.)

Dr. A. B. Lewis, Hamilton, Kan.: The year I spent at City Hospital was the happiest of my life. I often think of you and Oliver and White and Yoke, and the other old-timers. Very sorry not to be with you.

Dr. A. N. Daughters, Tiverton, R. I.: I long to be with you and break the bread and eat the salt of friendship. Only one thing could be greater, but sadder, than the pleasure it would give me to be with you—that is the pain and disappointment I already feel because I can not come.

Dr. Wishard's Welcome Address.

The genesis of the meeting was explained by Dr. Wishard in a delightful series of reminiscences which unknown to him were jotted down by a stenographer as follows:

Some weeks ago while sitting by the fireside at home one evening, and being in a reminiscent mood, I remarked to my good wife that if I remembered correctly without verifying it by looking at my own diploma, which was carefully stowed away up in the attic somewhere, I thought the 28th of February would mark the fortieth anniversary of my graduation in medicine, and then, beginning with the City Hospital, 'way back in the days of long-ago, I began to recall the names of my old students and assistants and remarked that I should dearly love to see my professional family once more. She said at once, "Why not ask them to dine with you on your anniversary?" Her happy suggestion gives me tonight the very great pleasure of greeting you once more and recalling the delightful associations and experiences of the past.

The different branches of the profession are pretty well represented here tonight—I was going to say the different schools of medicine. Dr. Oliver is something of a "bone" doctor, and perhaps might be regarded as an "osteopath." And Dr. Steelsmith on his left—I remember the morning after I was elected superintendent of the City Hospital before I had fairly gotten my breakfast down the door-bell rang and a very youthful, and somewhat embarrassed young man stood at the door and said, "Is Doctor Wishard at home?" I said, "Do you wish to see my father or myself? There are two of us." He said, "I want to see the Doctor Wishard who was elected superintendent of the City Hospital last night." I told him that I happened to be the man, invited him in and asked him to have a chair. The polite and concise way in which he dispatched his business that morning impressed me very much, and telling this story warrants me in counting him a member of one particular school of medicine. He said: "My name is Steelsmith; I am from Boone county; I am a medical student. I have attended one course of lectures." Now, this was about the first of June, and in those days the lectures closed about the first or middle of March. "I have attended one course of lectures, and I am very anxious to attend another course, and I want to get a position as male nurse in the hospital, for the double purpose of gaining a little professional knowledge and making a little money." That struck me as very laudable. I thought that a fellow who had the force, in the condition in which the City Hospital was in those days—who had the nerve and the courage to go on the wards and be a male nurse, must have some good stuff in him, and I began to have a rather exalted opinion of the young man. I said to him, "What are you doing now, Doctor? The lectures have been closed some months. What have you been doing in the interim?" "Well, sir," he said, "when the lectures closed I was out of money and out of work, and I had nothing to go on, and I thought that anything that was honorable I should not be ashamed of, so I am practicing hydropathy." Well, the good opinion that had been rising so rapidly in my mind suddenly took a tumble, and I was not so sure that I wanted him as a nurse, but I inquired as to the nature of his practice, and he replied, "I am operating a street-sprink-

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GRAND RAPIDS
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1 Dr. Thomas B. Noble, Indianapolis
2 Dr. John G. Wishard, Wooster, Ohio
3 Dr. Frank P. Bohn, Newberry, Mich.
4 Dr. A. B. Graham, Indianapolis
5 Dr. Elizabeth Conger, Indianapolis
6 Dr. Clinton T. Zaring, Greencastle, Ind.
7 Dr. Joseph E. Morrow, Indianapolis
8 Dr. John C. Davis, Logansport, Ind.
9 Dr. W. H. White, Amo, Ind.
10 Dr. Theodore Potter, Indianapolis
11 Dr. A. W. Brayton, Indianapolis
12 Dr. William N. Wishard, Indianapolis
13 Dr John H. Oliver, Indianapolis
14 Dr. Simon Steelsmith, Abilene, Kans.
15 Dr. A. C. Kimberlin, Indianapolis
16 Dr George W. Wishard, Minneapolis, Minn.
17 Dr. George F. Edenharter, Indianapolis
18 Dr. A. J McCracken, Bellefontaine, Ohio
19 Dr. Terry M. Townsend, New York City
20 Dr. Carl Lewis Wheeler, Lexington, Ky.
21 Dr. Homer G. Hamer, Indianapolis
22 Dr. John M. Wallace, Ridgeville, Ind.
23 Dr. James M. Stoddard, Anderson, Ind.
24 Dr. H. O. Mertz, La Porte, Ind.
25 Dr. J. D. Moschelle, Indianapolis
26 Dr. Arthur Oilar, Russiaville, Ind.
27 Dr. Clyde K. Startzman, Bellefontaine, Ohio
28 Dr. M. S. Davis, Marion, Ind.
29 Dr. Wm. E. Tinney, Indianapolis
30 Dr. C. B. Gutelius, Indianapolis
31 Dr. E. E. Wishard, Indianapolis
32 Dr. F. R. Charlton, Indianapolis
33 Dr. W. T. S. Dodds, Indianapolis
34 Dr. Stephen Egart, Indianapolis
35 Dr. F. F. Thompson, Madison, Ind.
36 Dr. Earl Green, Muncie, Ind.

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ler." (Great laughter.) I thought then that a fellow who had the nerve, courage and pluck to get up and stay on a street sprinkling cart all day in the hot sun, in order to make a little money that he might prosecute his studies, had the right stuff in him to make a medical man.

I have here a contribution to the pleasure of this evening, in the form of a series of photographs for which I am indebted to my dear sister, Elizabeth, who was with me at the City Hospital for a considerable part of the time I was there, and it groups at least three pictures that are worth having and I think will awaken pleasant memories. First is a picture of the old City Hospital as a good many of you knew it when I was there.

The second photograph is a picture of the first class of the first School of Nursing established in the State of Indiana. An educational influence was inaugurated in the starting of the training school for nurses which has proved a revolution in the practice of medicine. Doctor Steelsmith, coming out in the first place as a nurse in the ward, and later taking the examination and getting a position as interne, and Doctor Oliver and the other men who were there before the days of the training school, and have had experience since with the nurses who have been trained there, can appreciate, with myself, perhaps better than some of you who are younger, the very great influence for good that educated nurses have brought about in our work: We have in this little group the picture of Miss A. A. Traver, the first superintendent, the one in a dark dress, and sitting on her immediate left, Miss Dryer, the first assistant, and immediately behind Miss Dryer is the picture of Miss Mary E. Iddings, who was the first trained nurse in Indiana. On the day the training school opened in September, 1883, there were two nurses there, Miss Traver and Miss Iddings. This group was taken several weeks later when several more nurses had entered the school. I am sure you will be glad to know that from that school of nurses has gone out an influence extending far beyond the State of Indiana. There was not a training school for nurses, so far as I have been able to learn, west of the Allegheny Mountains, except the one at Chicago, the Illinois School of Nurses connected with the Cook County and Presbyterian hospitals. From this school nurses went to Louisville and Cincinnati; to Springfield, Ohio; to Denver, Colorado; to Los Angeles and Honolulu, to assist in the organization of schools of nursing. The first school in Louisville was, I believe, in connection with Norton Infirmary, but there was no training school for nurses in connection with the Cincinnati hospital. I went down to Cincinnati while they were considering it, and a Mr. Jones, then superintendent of the old Cincinnati City Hospital and whom Doctor Potter will probably remember, and the leading hospital physicians there told me that such a thing would never succeed. I told them we were going to try it. Mr. Jones said: "You are doing an unwise thing. Think of what it will cost." He then took the different wards and nurses he had and computed it and showed it would be very much more expensive. I told him it undoubtedly would be, and there was also strong opposition among hospital men against trained nurses. He was a most influential man in Cincinnati at that time. One of the most influential physicians of Indiana, a man whose name is known outside of this State, said to me, "Doctor Wishard, what in the world are you trying to establish a training school for nurses for? Don't you know if you give these nurses a course of lectures and training, with a course of reading, on medical subjects, that they will presently get so wise that they will presume on their knowledge and interfere with your prerogatives as a physician?" I told him that might be possible, but I didn't think so. When the school was established and in running order and had demonstrated its usefulness, this physician was one of the first men to give it his support.

Doctor Livingston Dunlap built that

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old hospital you see in the picture before the war. I am not going back that far, however, but I will say I am very glad to see each one of you here. Every man I see here tonight is a graduate of the Indiana Medical College, excepting our own Doctor Theodore Potter, and Doctor Terry Townsend of New York City. Doctor Carl Wheeler of Lexington, Ky., is also with us.

As I say, I am glad to see you all here. There is not a man here whom I can not put my arms around. There is not a man here whom I believe would not be willing to put his arms around me.

Presentation of Loving Cup by Dr. Oliver.

Doctor Oliver: It was interesting to hear Doctor Wishard, in whose honor we have assembled, go over the mileage which the various members have traveled, in order that the "gang" might all be here.

But, alas, the gang is not all here. Some members have crossed the Great Divide. Here in my hand is a collection of letters from six or seven who are not here, but who in their heart of hearts would like to be with us tonight.

(Doctor Oliver then read letters in extenso, the essential parts of which are included earlier in this writing.)

Doctor Oliver: Now, Doctor Wishard, right before you there is a little testimonial, a token of love from the "bunch." The little remembrance sitting upon a firm ebony base, and that firm ebony base in its somber color, would symbolize the sombre solidity of the man we are here tonight to honor. A little above that we have the sterling silver, not more sterling than the character of him whom we love. On a little closer inspection, looking inside the cup, we find it lined with gold--a symbol, if you please, of the great loving heart of yours that has guided us and helped us along the pathway of medicine; and it is our wish that the balance of your days and the days of your family, and the days of those that are dear to you, may be filled to the very brim with all the good things and the blessings of this life. The inscription reads:

Presented to
WILLIAM NILES WISHARD
At a dinner given by him
to
His former students and hospital internes
on the fortieth anniversary of his
graduation in medicine
February 28, 1914.
In appreciation of his friendship, professional standing and unselfish devotion to the interests of medicine.

Doctor Wishard: It is rather the experience of all of us that when we are taken by surprise, as I certainly am this evening, that it takes some time to think of something to put in words, something that would fittingly express our feelings—and I can not do it. My after-thought is all right, but I lose my fore-thought. I am not "Johnnie-on-the-spot" like our friend Doctor Oliver.

The beautiful loving cup presented me—this thing of beauty—will be to me one of the dearest and most priceless treasures and mementoes in my professional career. The inscription I see upon it I shall study and commit to memory, and when my fiftieth, or some later anniversary occurs, and we all have the pleasure of getting together again, I may know it so well that I can recite it, and I may be able then to more fittingly and properly express the profound appreciation I feel. As I said awhile ago, I feel like I could put my arms around you all. I love you all, and I thank you.

Response by Dr. Brayton.

Dr. A. W. Brayton was first called upon by Dr. Oliver. He stated that the present was not the first testimonial made by his Indianapolis friends to Doctor W. N. Wishard. He recalled the meeting and collation given in Doctor Wishard's honor at the Hotel Denison on December 31, 1886, from nine o'clock p. m. until the morning of the glad New Year, 1887. Just as the clock was striking twelve, ringing out the old and ringing in the new, marking the close of seven and one-half years of faithful and unselfish service in the cause of medical

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and municipal philanthropy as superintendent of the City Hospital, the testimonial culminated in the presentation by the late Doctor John Chambers to Doctor Wishard of a Griffith Club microscope and accessories costing one hundred dollars, an appropriate and beautiful token of the esteem in which Doctor Wishard was held by his medical associates. There were sixty-five plates laid; there were toasts and impromptu speeches, jokes and laughter and good cheer without stint. Doctor James L. Thompson acted as toastmaster, with Doctor T. B. Harvey as alternate. These two great leaders and practitioners with over half of those who were present on that occasion, have passed to where "beyond these voices there is peace." The invocation was by the Reverend James McLeod, pastor of the Second Presbyterian church. Other doctors of divinity were present, notably the late Reverend R. V. Hunter, pastor of Doctor Wishard's home church, the Seventh Presbyterian. The Reverend Hunter was an exponent of athletic Christianity, a man of great physical and mental vigor, in whom the eternal youthfulness and joyfulness of the race had never been suppressed. Referring to the great difficulties Doctor Wishard had overcome in building the new hospital, establishing the nursing school, and contending with an economical city council, Reverend Hunter said:

"Doctor Wishard should have been a lawyer, for he has great legal ability and forcefulness. Indeed, in his hospital work we may say, he 'socked it to Socrates, ripped up Euripides, scissored Cicero, seized Caesar by the seat of his breeches, and raised hell on the Hellespont.'"

This occasion will long be treasured in the annals of personal medicine in this city, and as one who saw it, felt it and reported it to the lay press and the Indiana Medical Journal, the writer takes pleasure in emphasizing this early recognition upon the present generation of younger doctors, to so many of whom Doctor Wishard has been "guide, philosopher and friend." Moreover, at that time the writer had become editor with Doctor Frank C. Ferguson of the Indiana Medical Journal, with which he has been connected down to the present time and was president of the Marion County Medical Society. He has known the City Hospital for thirty-three years, has recognized it as the mother of the sectarian hospitals, and still the leading hospital of the city, taking first rank in the field of diagnosis, of nursing and the chief center of practical medical education.

Doctor John M. Dunlap, the first nose, throat and chest specialist in Indianapolis, and the son of the eminent Doctor Dunlap who founded the City Hospital in 1854-59, when the city contained but 5,000 people, spoke to the first toast of the evening, "The Old City Hospital—Dunlap's Folly." Doctor T. B. Harvey responded to the antithesis of Doctor Dunlap's toast, "The New City Hospital—Wishard's Wisdom."

And so the joyful evening wore on, with toasts by Peter F. Bryce, Doctor Wishard's main friend in the city council, who stated that Doctor Wishard was a schemer, but a schemer for the public good. He asked for $6,000 as an entering wedge, and never stopped till $60,000 was appropriated for a new hospital with modern appliances and a training school for nurses. Dr. W. B. Fletcher, superintendent of the Indiana Central Hospital for the Insane, spoke to the toast, "The State Benevolent Institutions." Dr. W. H. Wishard, father of the retiring superintendent, described a banquet he had attended in this city forty years before with brief sketches of the prominent Indianapolis physicians of that early day—Doctor Livingston Dunlap, Doctor Mitchell, Doctor Coe, Doctor Ross, Doctor Sanders, and Doctor Richmond. The latter performed the first Caesarian operation in the United States at Newtown, Ohio, during a stormy night, working by candle light and with no assistant but the women of the neighborhood.

Dr. D. H. Oliver, father of our toastmaster, Dr. John H. Oliver, responded to the toast, "The Medical Profession of Indianapolis," with especial emphasis upon the work of Dr. Livingston Dunlap,

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founder of the City Hospital, and Dr. John Stough Bobbs, who founded the first Indiana medical journal, the Indiana Medical College, and made the first cholecystotomy recorded in medical literature.

Dr. Frank C. Ferguson, founder of the present Indianapolis Medical Journal, then in its fifth year, spoke of the labors in journalism of the late Drs. Theophilus Parvin, D. W. Yandell, W. B. Fletcher, Charles E. Wright, Thad. Stevens and Guido Bell. Dr. Ferguson was a soldier in General B. Harrison's regiment, the 70th Indiana, and is still living in good health in Florida. We hope he may see the notice of this banquet to his old friend, Dr. W. N. Wishard, who relieved him by opportune surgery.

As the New Year's bells sounded their peals over the city, the assembly broke into song, "Should auld acquaintance be forgot," and Doctor John Chambers closed the evening by presenting the microscope, with the following appreciative sentiments:

"Doctor Wishard, your many professional friends here in Indianapolis have watched your work as superintendent of the City Hospital for the past seven and a half years with much interest and gratification. During this time we have seen a new hospital building erected and furnished with all modern appliances for the treatment of diseases and injuries. We have seen a new system of nursing introduced, under which not only are the patients in the hospital benefitted, but the community at large. And finally we have now a hospital in which the evidences of cleanliness and good order are apparent on every hand. We do not say that you have done all of these good things, but we do believe that you have, by your tact, good temper and efficient management, been able to make those in authority and the benevolent see the urgent need of providing and furnishing a hospital which is a credit to our people, and not a disgrace.

As a token of the good will we bear you, we beg your acceptance of this microscope with the attachments, etc. We trust it may be useful to you, and that your future professional efforts may be crowned with the same distinguished success which has marked your career as superintendent of the City Hospital of Indianapolis."

After the foregoing reference to the former banquet, Dr. Brayton closed by saying that he first met Doctor Wishard at his home, on the South Side, when, in company with Doctor Joseph Eastman and Doctor Featherston, they called upon the newly appointed superintendent, asking recognition on the hospital staff of certain members of the newly founded Central College of Physicians and Surgeons in which he—Dr. Brayton—was professor of chemistry. It is needless to say that he received the delegation with his characteristic deference and courtesy, and assured them that the new college would be recognized according to its worth and merits. And this was done.

Dr. Brayton closed by saying that this chance meeting ripened to the present day and occasion, and that he had no greater satisfaction than to recall that throughout these 33 years they had remained "hearts of each other," sure.

Dr. Theodore Potter's Remarks.

Dr. Potter: Mr. Toastmaster and Gentlemen: I was under the impression that I was invited here to join a crowd of the old boys, to eat, drink and make merry and congratulate Doctor Wishard, not to make an exhibition of myself otherwise.

Away back in the days we are talking about I took Doctor Wishard in. It came about in this way. Doctor Wishard had his office right over here on the corner of Ohio and Meridian streets, and Doctor Brayton was there part of the day. They tore down that building and were about to build the Marion block. About that time I had undertaken to start my first down-town office, and I found Doctor Wishard wandering about the street, looking for a place, and I offered him, supposedly as a favor, a place in my office. As a matter of fact, I will tell you it was a God-send to my pocketbook when Doctor Wishard came

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in to help pay the rent. So it came about I took Doctor Wishard in off the street.

My first knowledge of Doctor Wishard was before I came to Indianapolis to practice medicine. When I was in Cincinnati, there was a meeting in Indianapolis of railroad surgeons. My preceptor there, Doctor R. D. Mussey, was the chief surgeon of the C. H. & D. railroad and came to Indianapolis to attend that meeting. I don't know whether Doctor Wishard remembers the little red-headed fellow that came along with Doctor Mussey, but it was then and there I was first introduced to him, and several years after, when I had finished my peregrinations through medicine and studies in Europe, I came to Indianapolis, and brought several letters of introduction from men in Cincinnati, and among them, one to Doctor W. N. Wishard. Since that day we have been friends. I have never occupied the position that many of you have as an assistant to Doctor Wishard, and yet I can feel with you what a pleasure and education it must have been to have been closely associated with him, because, as a matter of fact, he has been as much of a friend to me as he has to any of you. I remember well when these great advances in medicine came about, marked notably by the introduction of antiseptic surgery, the beginning in a practical way of the bacteriological era, I was in a hospital where things were going on much the same as when Doctor Wishard was made superintendent of the Indianapolis City Hospital. But all this is now changed. I am glad to be with you and testify to the pleasure and value to me, as to all of us, of our relationship and friendship with Dr. Wishard, the good doctor, the good friend and the good citizen.

Dr. Albert C. Kimberlin.

Dr. Kimberlin said in part: While here as guests of Dr. Wishard, we are also here with an admiration for his good example, patience, and splendid influence among medical men, and we his students and hospital internes in particular. One, as myself, scarcely knows what his future might have been were it not for the help, patience, and inspiration derived from the association of one like Dr. Wishard.

I have in my pocket a letter dated March 18, 1886, in which I wrote to Dr. Wishard asking him for a position as druggist and assistant at the City Hospital. A thought I gathered from hearing a telephone conversation while in the college library one evening inspired me. I called on Dr. Wishard at the City Hospital the next morning very early to be told that just then he could not say whether he would need additional help or not. I tried once more to see him but failed, and after school closed in February I went to my home in the country, a place nicknamed "Mudsock," officially "Fishers' Switch." I wrote him in less than a week that I was tired idling around and hoped he could give me a position. You will note that while I had never seen Dr. Wishard but once and then only for a moment or two, I started this letter by saying "Dear Sir" and closed it with "Your Friend," wanting to impress him, I presume, with my spirit of good fellowship. I shall never forget the answer; in short, I was to be taken on probation and if satisfactory given a position for two months, which ended in my remaining in the hospital nearly four years. (The letter was shown to Dr. Wishard, who had answered it on the back of the letter.)

At this time I learned many ways outside of medicine, having had a little experience outside of the much despised "Fall Creek Township," in Hamilton county. From this environment I entered the City Hospital and promptly proceeded to pre-empt the seat at the table next to him, occupied by Dr. Wishard's sister, Miss Elizabeth, whose name to me at that time seemed unusually long and burdensome and whom I quite promptly began to address as "Betty." It was a matter of some embarrassment to myself, though I give much credit to Dr. Wishard and he proceeded in a very tactful way to iron some of the rough places out of me. But these examples are only a few of many which I was constantly indulging

in, and which Dr. Wishard was as constantly trying to overcome as gently as a father dealing with a growing boy.

He gave me full credit for what I had, honesty, good intention and willingness to do anything in the line of duty at any time. In later years I have been compelled to an everlasting respect and admiration for Dr. Wishard's ability and skill and forbearance, not with myself alone, but in the management and help he has given to so many other aspiring young medical men, not alone personally, but to things medical, in the larger sense of the word medicine; in particular his work for medical legislation.

Among other things of that early time I recall that I wore to the City Hospital a green overcoat, my first of such a luxury. It was all right until I would get caught in the rain, when the yellow was sure to come out, and give me some anxiety for fear Dr. Wishard might suspect a similar yellow streak in my mental or moral makeup because of the yellow-green streaks on my neck and wrists.

I am sure there is not one among us but what has been inspired many times over to do better things and undertake greater things because of Dr. Wishard's help, encouragement and fatherly advice, and we come tonight, not as his guests, but rather as a part of his family, with a feeling of paternal love and reverence for his rank, for his achievements and for his standing in the medical profession.

Personally my own sentiments cannot be better expressed than in the words engraved on the loving cup, which we have the privilege and opportunity of presenting to him here tonight, and we pray that during the rest of his days it may be kept full of the sweet and beautiful things he has so much merited.

Remarks of Dr. Noble.

Dr. Thomas B. Noble: I think it very unfortunate to be called upon on so great an occasion to make a speech without warning or preparation. I hardly know what to say or where to begin; if I get started I scarcely know how I will be able to stop. For thoughts have been coursing through my mind as I have been with you this evening that I feel I might express with some advantage possibly, and with relief to myself.

The serious features of this occasion impress themselves upon me. We have assembled to express by deed and word our high esteem and profound regard for our confrere and host, Doctor W. N. Wishard. I have had some acquaintance and association with his lineage. His grandfather used to rock me to sleep. His grandfather held me when the first tooth was extracted from my mouth, and then and there I learned that a Wishard had determination. I had demonstrated to me then and there, though an infant, that a Wishard had physical force. I recall his grandfather, a large, powerful man even in his old age; strong physically, strong mentally, who devised from his own initiative a method whereby, by measuring the length of its shadow he could determine the height of a tree and estimate the number of fence rails it would make; a man strong in physical force, strong in determination; a man of high moral character. I remember him in his gray-headed period, with an open Bible upon his lap, and I remember him to have stated: "I am now reading this Book of God the eighth time. I will soon have journeyed through its passages for the eighth time." These were the remarks of John Wishard, the grandfather of Dr. William Niles Wishard.

I had the personal privilege of being associated for several years with the son of John Wishard—Dr. William H. Wishard—that great crag-like character. He stood as a mountain crag-like man here in our midst for almost a century. He stood upon one principle —the principle of honesty and of fair-dealing. I never heard W. H. Wishard express himself relative to a man other than upon a foundation of fair-dealing, a spirit of honesty, a feeling of justice, the spirit of truth. Now, out of such a lineage as that can there come else than the man to whom we are delighted to pay our tribute? Out of the lineage and the blood; out of the bone and the marrow; out of the sinew of such characters come men. And so, we come to

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you this evening, Doctor Wishard, bowing our heads to character, to the great things that make men. It is a privilege to me to be here and to pay tribute in my humble way to the lineage to which I owe obeisance, in which I feel proud that I have an humble association. My mother was a sister of your father. It is out of the things that they stood for that come men. It is out of these things that the world is made better. These are the things that live; these are the things that endure. We are temporal, of but a day; but character and truth and fair-dealing and brotherly love—these are the things that live; these are the things that go on. So, let us here now enjoy this redeeming presence of brotherly love; this glorious opportunity of expressing ourselves relative to friendship and relative to the things that endure.

Dr. Oliver in Closing.

Dr. Oliver: I have but one other sentiment to propose, and "I would that my tongue could utter the thoughts that arise in me. A few short weeks ago there passed into the Great Beyond, into the presence of the King of All, that Nestor of Indiana medicine, that craglike man whom Doctor Noble has so beautifully described, the father of our beloved W. N.—Doctor W. H. Wishard—and I move that we stand and bow our heads to the memory of him whom we most loved and honored. (This was reverently done by all in a moment of silence.)

Now, gentlemen, thanking you one and all on behalf of our host, I move that we adjourn for ten years, to meet with Doctor Wishard on his fiftieth anniversary.

Roster of the Guests.

The following physicians who had been office students of Dr. Wishard were present: Dr. Frank P. Bohn, Newberry, Mich.; Dr. Earl Green, Muncie, Ind.; Dr. J. M. Stoddard, Anderson, Ind.; Dr. John C. Davis, Logansport, Ind.; Dr. F. F. Thompson, Madison, Ind.; Dr. J. M. Wallace, Ridgeville, Ind.; Dr. John G. Wishard, Wooster, Ohio; Dr. George W. Wishard, Minneapolis, Minn.; Dr. Frederick R. Charlton, Dr. Elizabeth Conger, Dr. Merrill Davis, Dr. W. T. S. Dodds, Dr. Geo. F. Edenharter, Dr. Stephen Egart, Dr. C. B. Gutelius, Dr. Alois B. Graham, Dr. Judson D. Moschelle, Dr. A. Levi Oiler, Dr. Clyde Startzman, Dr. Ernest E. Wishard.

The following physicians who had been internes under Doctor Wishard were present: Dr. Simon Steelsmith, Abilene, Kan.; Dr. W. H. White, Amo, Ind.; Dr. C. T. Zaring, Greencastle, Ind.; Dr. A. C. Kimberlin, Indianapolis; Dr. Joseph E. Morrow, Indianapolis; Dr. John H. Oliver, Indianapolis.

Of Doctor Wishard's office assistants in genito-urinary work, these were present: Dr. A. J. McCracken, Bellefontaine, Ohio; Dr. Terry M. Townsend, New York City; Dr. Carl Lewis Wheeler, Lexington, Ky.; Dr. H. G. Hamer, Indianapolis; Dr. Wm. E. Tinney, Indianapolis.

Of Dr. Wishard's former office associates the following were present: Dr. A. W. Brayton, Indianapolis; Dr. Theodore Potter, Indianapolis; Dr. Thomas B. Noble, Indianapolis.

SEPTICO—PYEMIA AND TYPHOID FEVER FOLLOWING LABOR IN A PRIMIPARA—CASE REPORT.

By L. E. Cox, M. D. Greenwood, Ind.

Mrs. B. W., female, age 22, married, weight 115 pounds, had always been in good health until now. Father died in 1910 from asthma complicated by myocarditis. Mother and brother in good health. During pregnancy no indisposition except indigestion. Labor began at 2 a. m., June 3, 1913, and at 9 a. m. pains ceased. Following instrumental delivery under chloroform there was some perineal laceration which was immediately repaired. At 1:30 p. m., same day patient had a temperature of 101° F. and later pulse 114, temperature 104.2° F. The skin was hot and dry, tongue brown, red at edges and tip, abdomen

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tympanitic, excessive tenderness in pelvic region, involuntary stools and urine, some insomnia but patient was fairly comfortable. Vaginal discharge with normal odor. Widal test for typhoid was positive and the blood and urine showed a pure culture of staphylococcus pyogenes aureus and albus. In this connection I might say that the patient had been married about one year and that previously the husband had been treated for urethritis, prostatitis and seminal emissions. Septic complications of the aortic and mitral valves were noted and arthritis of the left knee with abscess. There was an indurated mass in the pelvis extending from a line drawn from one anterior superior spine to the other and thence to the pubis, and from one iliac fossa to the other, completely fixing the uterus. Later a large quantity of pus was evacuated by way of the vagina. This was on the eighteenth day of the disease. The treatment consisted of salines each twenty-four hours, colonic irrigation with normal salt solution twice daily and seven grammes of salicylate of sodium each twenty-four hours. Normal salt solution by proctoclysis, 1-40 grain of sulphate of strychnia every four hours together with whiskey and morphia sulphate as needed. Oxygen was used each forty-five minutes for the first five days. In addition to the use of ice cold baths an ice-cap was used on the head, one in cardiac region and one over pelvis. Antistreptococcic serum was given in quantities of 90 c. c. each third day, three times in all. After evacuation of the pus from the right knee it was treated antiseptically. On June 26, the mass in the pelvis had largely disappeared, heart sounds were normal, temperature and pulse about normal and the patient was allowed to occupy semi-incumbent position a part of the time. The diet which had previously consisted of egg-albumen and iced panepepton was changed to soft boiled eggs, milk, rice, buttered toast and beef broth. In the pathology we might take into consideration adhesions between the uterus and broad ligaments and a lesion of the fallopian tubes and ovaries.

Since at the time of delivery there was a gastrointestinal intoxication, there could have been an infection of the uterine sinuses which soon became general or perhaps we should bear in mind the oftentime results of a latent gonorrhea. On account of the traumatism and low vital forces it assumed an active type. We must also consider the typhoid infection in the drama. At this time the patient is the picture of health.

PUBLIC EDUCATION OF THE CANCER QUESTION.

By A. M. Hetherington, M. D., Indianapolis.

What can we do about cancer? This is one of the most vital questions in the medical world. In looking over the literature I find the number of human lives which answer to the call of cancer are increasing very rapidly. The percentage of increase is noted the world over and especially in Europe, the United States and Canada. In New York alone in 1880 for every 100,000 of population, there were 33.6 deaths from cancer; in 1912, 85.9; in the decade from 1900 to 1910 the death rate from this disease has increased 31 per cent. Without going further into the statistics, it is shown that cancer is increasing by leaps and bounds.

The one watch-word of the surgeons is, early diagnosis and early operation. How often it is said, "if we could only get the patients earlier." A patient with advanced cancer knows that life is short and that existence becomes terrible to themselves and those about them. This is usually true whether he be operated or not. The percentage of cures in advanced cancer is very small.

A large majority of cancer sufferers are curable by prompt and early treatment. The only hope is in surgery. The

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strong hope is in early surgery. Time is life; delay is death. As one might say, surgery is what puts the hope in the hopeless.

Early in 1913 the clinical congress of Surgeons of North America appointed a cancer campaign committee with Dr. T. S. Cullen of Baltimore as chairman. The duty of this committee was to devise some means whereby the public might be educated by teaching them the main truths about cancer. This committee went forward with the following as their foreword, "We can not cure cancer but we can save the life."

During the last decade several earnest cancer campaigns have been waged. The main object of these has been to point out to the family physician what might be accomplished by early operation and to urge him to send his patients to the surgeons at the earliest possible moment. Notwithstanding the splendid efforts in this direction, little has been accomplished, not because the physicians were unnecessarily negligent, but because the patients did not present themselves to the physician until the disease was far advanced. Hence it was finally realized that if satisfactory results were to be accomplished the message must be carried directly to the people. Fifteen or twenty years ago it was difficult to prevail upon persons with appendicitis to be operated upon; now with the knowledge they have, after appendicitis has been diagnosed, operation is usually sought at once, and the only question asked by the patient or his relatives is, "To what hospital shall I go?" Similarly, as soon as the laity are made fully aware of the cancer situation, they will on the first sign of the disease present themselves for examination and will gladly avail themselves of surgical aid.

The committee was instructed to write, and have written, articles on the subject of cancer and were further instructed to have them published in the daily press and weekly or monthly magazines as might be deemed most expedient.

The editor of the Ladies' Home Journal manifested the deepest interest in the campaign. Mr. Samuel Hopkins Adams, a lay writer, was selected by the Cancer Campaign Committee to write a number of articles to be published in the different newspapers and magazines. Mr. Adams, after visiting various surgical clinics throughout the country, wrote a most comprehensive article on the subject which was first published in the Ladies' Home Journal, May 1913. It is well worth reading, not only by the laymen, but also by each member of the medical profession.

Colliers Weekly for April 26, 1913, has a very interesting article on "The Saving Hope in Cancer." Mr. Adams asks the question, "Which will you believe in—science or quackery?" The May number of McClures Magazine also contained admirable articles from Mr. Adams' pen on the same subject. It has been estimated that these three articles reached a reading public of between eight and ten millions.

Harper's Weekly, March 29th, contained an article urging cancer patients to be operated upon without delay. Abstracts from the magazine article appeared in the daily newspapers throughout the country. The Baltimore Sun, Baltimore News and Baltimore American each devoted ample space to the subject. The New Orleans News-Item gave a full abstract of Mr. Adams' article from McClures and the Detroit News-Tribune with the permission of the Ladies' Home Journal, copied Mr. Adams' article in full. The Indianapolis News published in abstract an article from the Survey, dealing with the public education of cancer. These are only a few of the daily papers that have given the subject wide publicity. Many papers in Canada and Europe are taking great interest in the subject of cancer.

The Cancer Campaign Committee was very anxious to find out what influence these articles had had on the public at large. It received about the same reply from a number of surgeons, who had asked some of their patients why they came to be operated upon and they replied that they had read Mr. Adams' articles in some one of the above mentioned magazines or newspapers.

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The cancer campaign has just begun. The problem is a complex one, one that can not be handled in the same manner as tuberculosis has been. The subject of tuberculosis is easy of explanation. This disease not only affects the individual but any one who may come in contact with him. Cancer on the other hand affects chiefly the patient and is of little danger to those around. There is no open symptom such as cough to draw attention to the malady. Of course if the cancer be on the hand or face it will be noticed by others. Usually it is hidden and the patient only is aware of its presence. Often they do not know what is the cause of their ailment until they have consulted a physician.

To show what public education means, one has only to look around and see its results every day. Take in our own city whether there is a slight smallpox scare, many parents are having their children vaccinated without being ordered to do so by the Board of Health, but because they know it to be their duty. The same is becoming true of typhoid vaccination. There are many who are anxious to have it. This all comes about by public education.

Make people, and particularly women, comprehend the supreme importance of early treatment and the battle is half won. Educate the people to save themselves. "Wait and See" in cancer cases, means "Wait and Die."

In Germany where there has been a system of widespread instruction to women, teaching them how to guard against and recognize carcinoma of the uterus, nearly 80 per cent. of these cases present themselves for early operation, while there is still a chance. In uninstructed America, less than 40 per cent.

So many people in this country are afraid of the knife. There is a cause for this. The cancer quack has his advertisement in the paper with flashy headlines "Be cured without the knife." "Why undergo operation?" 'Why submit to torture?" This fear must be overcome. Many of the better newspapers have thrown out the cancer "copy."

As the cancer campaign has just begun in this country, I think it would be a wise thing for the Indianapolis Medical Society to come to the front and see what can be done to aid the cause. I would like to make a suggestion that a cancer campaign committee be appointed whose duty it would be to write or have written appropriate articles on cancer and have them published in the local and state newspapers and magazines. (Since this paper was read before the Indianapolis Medical Society such a committee has been appointed.)

The symptoms of each and every form of cancer must be indelibly impressed upon every individual. For women such information can be most satisfactorily disseminated by women's clubs. The men of the community can best be reached by lectures delivered at the factory or clubs. This will be sure to bring results. If such enlightenment is to be accomplished, the entire medical profession must take an active part in the dissemination of this knowledge.

As this is a common enemy to mankind, let us all combine to make a determined fight against this relentless foe.

A BURNING SHAME.

A remarkable and painful experience befell M. Leon Godefroy yesterday. M. Godefroy once had the misfortune to be involved in a street row, the result being that his nose was smashed and he had to secure an artificial nasal appendix.

He was walking along on the Boulevard Saint-Michel yesterday afternoon, and stopped to light a cigarette. Suddenly his nose burst into flames, which spread to his beard. A crowd assembled, while the unfortunate M. Godefroy danced with pain until some policeman took him to a chemist's shop, where his burns were treated.

An examination of the nose showed that it was made of celluloid, the unscrupulous dealer who sold it having foisted it on his client instead of the horn nose which had been prescribed—London Daily Mail.

[Only another case of substitution.—Editor.]

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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SEVEN DEATHS FOLLOWING THE INTERSPINAL INJECTION OF NEO-SALVARSAN IN THE LOS ANGELES COUNTY HOSPITAL.

These seven deaths occurred within two days after the injection, March 7th, of small doses of salvarsanized serum into eight patients in the Los Angeles County Hospital. The cases have been reported in the press dispatches. Full accounts may be read in the statements of Dr. C. H. Whitman, the superintendent, and of Dr. A. T. Charlton, the pathologist of the hospital, in the A. M. A. Journal of March 21, page 957 and an editorial page 395 of the same issue. A brief notice may be read on page 861 of the J. A. M. A. of March 14. Probably there will be further reports. The statements of the superintendent and pathologist are frank and honest. The seven bodies were taken by the coroner and only one came to autopsy.

The method is not that used by Swift and Ellis in the Rockefeller institute for syphilitic diseases of the nervous system, September, 1913, and now widely copied throughout the United States. This method consists in giving the patient a full dose of salvarsan or neosalvarsan intravenously and after one hour, drawing off 40 to 50 cc. of blood and from this blood collecting 20 cc. of serum. This clear serum is then injected into the spinal cavity, after drawing off 20 to 30 cc. of the spinal fluid.

This method is common where full treatment is pushed. Excellent papers are accessible as one by Cutting and Mack—eight cases in the same issue of the A. M. A. Journal (March 21) which contains the account of the Los Angeles fatalities.

Some go so far as to advocate the salvarsanized serum of Swift and Ellis as a part of the routine treatment of primary and secondary syphilis as a prophylactic measure. Every case of syphilis is potentially one of paresis or tabes. The organism of syphilis has been demonstrated in the spinal fluid in both primary and hereditary syphilis. Even after 10 or 12 doses of salvarsan the spinal fluid may remain positive, and as the organism has been once found in the spinal fluid (Nichols and Hough), and as Noguchi has found the spirochete in the brain and cord of those dead of paresis and tabes (and others have found it in the living cortex) the efforts to bring the salvarsan bodies directly in contact with the brain and cord of these desperate cases seems rational and desirable.

It is certain that these patients are far advanced on the highway to death—the Los Angeles cases certainly were

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Therefore they were justified in resorting to the extremest measures of treatment. Between the two methods—that of Swift and Ellis (which is employed by Hume, Thrasher, Wynn and the writer's own clinic in the city dispensary of the Indiana University School of Medicine—all of Indianapolis—and also McCaskey of Fort Wayne in seven published cases) and the method of Marinesca and Minea, Dr. Charlton of the Los Angeles Hospital chose the latter. He used a serum salvarsanized in vitro, as it carries more arsenic than the dose of serum salvarsanized in the living body. Only 20 to 30 cc. of serum is usually removed from the spinal canal, and of course only as much of the salvarsanized serum can take its place. Theoretically the stronger the better, but there is a limit as shown by experiments on the lower animals.

Commenting on these unfortunate results the association journal cites Ravant who gave to nine cases of nervous syphilis 63 intraspinal injections at weekly intervals with benefit to the patients. Marinesco and Minea gave injections of neosalvarsan in twenty cases of nervous syphilis, sixteen of them tabetics using small doses—from .006 to .012 gm. The spinal injections were a week apart. In fifteen patients the neosalvarsan serum was injected into the subarachnoid space over the frontal lobe of the brain.

It would seem that the Los Angeles work of Dr. Charlton was not an experiment. The doses were not too large. But the neosalvarsan was heated to 129° F. for half an hour, and the sealed solution was kept 24 hours before use. There may have been a "cracked tube"; it is probable there was oxidation of the drug from some source. There was but one autopsy. This much is known, the method of Swift and Ellis is safe; it is easily learned and performed by laboratory men. It has not as yet been thrashed out to a finality but it has the sanction of good men in the treatment of the most virulent and hopeless of the diseases due to luetic invasion.

A. W. BRAYTON.

ANNIVERSARY OF SHAKESPEARE'S BIRTH, APRIL 23—HIS MEDICAL AND SURGICAL KNOWLEDGE.

April 23 will mark the three hundred and fiftieth anniversary of Shakespeare's birth. In Indianapolis and many other places this occasion will be celebrated by entertainments of various kinds. How fittingly appropriate it is to pay homage to a man who stood alone in greatness. Shall we say a poet, if so, then it may be said without fair contradiction that he was the foremost not only in his generation but in all others. Like an island among thousands in the sea, one stands out from all the rest in beauty and perfection. There have been many great men endowed with poetic wisdom and the product of some of our prose writers are promptings from a poetic soul. These possess points of excellence approached by few, yet no one of them is absent in the realm occupied by the bard of Avon. In science, art, literature and philosophy, we dare not give recognition to a shadow of comparison but it is a pleasure to think of those endowed with grandeur such as Homer, Dante, Moliere, Milton, Goethe, Spenser, Addison, Bacon and we fear to omit Byron, Longfellow, Tennyson and Wordsworth. Thoughts which encompass these are sublime but we must look upward to recognize the master creations of Shapespeare—the diadem of a Renaissance—deserving the inscription on his bust in Stratford Church, "In judgment a Nestor, in genius a Socrates.

It seems as if Shapespeare's being contained all humanity and no avenue was left unentered. The medical fraternity is especially interested in the medical and surgical knowledge of Shakespeare and no one but a profound student of the bard, by painstaking work, can procure these jewels from the casket. In the presentation of this subject I am confident that no one has equaled Dr. John W. Wainwright of New York, formerly on the editorial staff of the Medical Record and now editor of the American Practitioner. Some years ago Dr. Wain-

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wright published a book upon this subject with the title "The Medical and Surgical Knowledge of William Shakespeare, with explanatory notes. Every lover of knowledge and particularly of Shapespeare should possess it. The recognition of its value is shown by expressions from several critics, one says Dr. Wainwright has published a book which arouses a new interest in our lives; another says many of the quotations adduced to show the dramatist's knowledge of the physiological functions of the body are certainly very striking and they are a valuable contribution to the study of the many sidedness of Shakespeare. We are tempted to plagiarize when we read the opinion of the editor of the Medical Mirror. It may have been from the pen of Dr. Love but it sounds very much like that prince of poets, Dr. Ralcy Husted Bell. It is, as a Shakespearian scholar, Dr. Wainwright easily stands first in the medical profession of the world. He has studied the master in every light—not a phase or a shadow has escaped him.

Some of the medical references in the writings of Shakespeare here presented, together with an interpretation in some instances, are taken from among those compiled by Dr. Wainwright.

Caliban. All the infections that the sun sucks up
From bogs, fens, flats, on Prosper,
Fall, and make him
By inch-meal a disease.
—Tempest, Act II, Sc. 2.
(Malarial Cachexia.)

Mrs. Quickly. As ever you come of women, come in quickly to Sir John; Ah, poor heart! he so shaked of a burning fever, quotidian tertian, that it is almost lamentable to behold.
—King Henry Fifth, Act II, Sc. 1.

Troilus. Even such a passion does embrace my bosom.
My heart beats quicker than a feverous pulse.
—Troilus and Cressida, Act III, Sc. 2.

Volumnia. Now the red pestilence strike all trades in Rome.
And occupation perish!
—Coriolanus, Act IV, Sc. 1.
(Typhus fever.)

Biron. Thus pour the stars down plagues for perjury.
—Love's Labor Lost, Act V, Sc. 2.
(The stars in Shakespeare's time were thought to influence plagues and epidemics.)

Sebastian. As if it had lungs, and rotten ones.
—Tempest, Act II, Sc. 1.

Coriolanus. How! No more?
As for my country I have shed my blood,
Not fearing outward force, so shall my lungs
Coin words 'till they decay, against these measles,
Which we disdain should letter us,
Yet sought
The very way to catch them.
—Coriolanus, Act III, Sc. 1.
(This is recognition of infection.)

Gonzalo. There were mountaineers, dew-lapp'd like bulls, whose throats had hanging at them wallets of flesh.
—Tempest, Act III, Sc. 3.
(Goiter in mountainous regions.)

Page. And youthful still, in your doublet and hose, this raw rheumatic day.
—Merry Wives of Windsor, Act III, Sc. 2.

Posthumus. Yet, am I better
Than one that's o' the gout; since he had rather
Groan so in perpetuity, than be cur'd
By the sure physician, death, who is the key
To unbar these locks.
—Cymbeline, Act V, Sc. 4.

Capulet. Out you green-sickness
Carrion! Out, you baggage! you tallow-face.
—Romeo and Juliet, Act III, Sc. 2.

Falstaff. God-a-Mercy! So should I be sure to be heart-burned.
—Part First, King Henry Fourth, Act III, Sc. 2.
(Indigestion with heart-burn.)

Agamemnon. What grief hath set the jaundice on your cheeks?
—Troilus and Cressida, Act I, Sc. 3.
(Connection between melancholy minds and affections of the liver.)

First Servant. Peace is a very apoplexy, lethargy; mulled, deaf, sleepy, in-

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sensible; a getter of more bastard chil dren than war's a destroyer of men.

—Coriolanus, Act IV, Sc. 5.

In Part Second, King Henry Fourth, Act III, Sc. 1, the words of King Henry vividly show a condition of insomnia. The last of twenty-two lines is—

"Uneasy lies the head that wears a crown."

Helena. Sickness is catching; O, were favor so, yours would I catch, fair Hernia, ere I go.

—Midsummer Nights Dream, Act I, Sc. 1.

(Infection is here acknowledged.)

Falstaff. Sirrah, you giant, what said the doctor to my water?

Page. He said, sir, the water itself was a good, healthy water, but for the party that owned it he might have more disease the he knew for.

—Part Second, King Henry Fourth, Act I, Sc. 2.

Hamlet. Slanders, sir; for the satirical slave says here, that old men have gray beards; that their faces are wrinkled; their eye purging thick amber, or plum tree-gum; and that they have plentiful lack of wit, together with weak horns.

—Hamlet, Act II, Sc. 2.

(Senile decay.)

Capulet. ——, alas she's cold;
Her blood is settled; and her joints are stiff;
Life and those lips have long been separated.

—Romeo and Juliet. Act IV, Sc. 5.

(Rigor mortis following death.)

Sir Toby ——; he's hurt me, and there's an end on't—sot, did'st see Dick Surgeon, sot?

Clown. O he's drunk, Sir Toby, an hour agone; his eyes wer set at eight i' the morning.

Sir Toby ——; I hate a drunken rogue.

—Twelfth Night, Act V, Sc. 1.

(Sir Toby objects to a drunken surgeon.)

Bottom. I shall desire of you more acquaintance, good Master Cobweb. If I cut my fingers, I shall make bold with you.

—Midsummer Nights Dream, Act III, Sc. 1.

(Spiderweb to control hemorrhage.)

Thersites. After this, vengeance on the whole camp! or, rather, the bone-ache! for that me thinks is the curse dependent on those that war for a placket.

—Troilus and Cressida, Act II, Sc. 3.

(This passage refers to syphilis and placket to the opening in the upper part of petticoats worn by women.)

Iago. My lord has fallen into an epilepsy. This is his second fit; he had one yesterday.

Cassio. Rub him about the temples.

Iago. No forbear.
The lethargy must have a quiet course.
If not, he foams at mouth;—and by and by
Breaks out to savage madness.

—Othello, Act V, Sc. 2.

Duke of York. O, then, how quickly should this arm of mine,
Now prisoner to the palsy, chastise thee
And minister correction to thy fault!

—King Richard Second, Act II, Sc. 3.

(Surely a case of hemiplegia.)

Costard. Faith, unless you play the honest Trogan, the poor wench is cast away; she's quick; the child brags in her belly already, 'tis yours.

—Love's Labor Lost, Act V, Sc. 2.

(Quickening or movement of fetus in utero.)

In King Lear, Act I, Sc. 1, preventive medicine is a feature when Kent says:
Kill thy physician, and the fee bestow
Upon the foul disease.

While these represent only a few of the many phases yet Dr. Wainwright presents in his splendid contribution more than a thousand passages of this kind, some of which refer to dietetics, hygiene, therapeutics, anatomy, mental and nervous diseases, in fact almost every branch of medicine and surgery and as a finale ethics and medical jurisprudence.

Many of these are given at length. The

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opportunity is open to any one who loves good reading to experience a keen interest akin to fascination.

S. E. EARP.

WHEN DIGITALIS DOES NOT CAUSE A RISE IN BLOOD PRESSURE.

There is much more to be learned concerning the therapeutic action of digitalis. The same may perhaps be said of its physiological action. That animal experimentation is a safe guide for its use in the individual we have felt in doubt. That under all circumstances it may be expected to raise blood pressure, our clinical experience has not given sanction. In atheroma, apoplexy and conditions of the myocardium that would not warrant the use of a drug which would increase power we have been cautious; and, true, we have endeavored not to increase the amount of blood returning to the ventricle in aortic regurgitation, by its use, yet in mitral defects when this condition of the aorta existed we have by its use bettered conditions rather than injured them. We recognize digitalis as a potent drug with possibilities of which we now know too little. We have accepted too much as truth from its action on the lower animals and not enough from a careful study of the individual who has taken it. My service at the Indianapolis City Hospital has encouraged this belief. I predict that the time is near when book-knowledge relative to digitalis will require a marked revision. Now is the time to commence.

In the Boston Medical and Surgical Journal for January 5th, Dr. C. H. Lawrence contributed a carefully written article which shows some of the defects of past teaching. It is the best that has recently been published relative to the effect of digitalis on blood-pressure and pulse-pressure in the presence of cardiac decompensation. The conclusions are worthy of reproduction.

On the basis of work already done on animals and normal individuals the conclusion has been reached that digitalis causes a rise in blood pressure when administered to individuals suffering from cardiac decompensation. As the result of observations reported on twenty-five cases taken at random from the records of the Massachusetts General Hospital the following conclusions were come to: (1) The effects of various drugs on the blood pressure as determined by experiments on animals do not furnish reliable criteria for the administration of such drugs to man since the effect may be quite different in the latter. (2) The pressure-raising effect of digitalis noted in animals and in healthy individuuals does not occur, as a rule, when the drug is administered to individuals suffering from cardiac decompensation. (3) The cause of the cardiac decompensation does not appear to affect the action of the drug. (4) Digitalis preparations may be safely administered to patients suffering from arterio-sclerosis, angina pectoris, or nephritis hyperdistension, if cardiac decompensation is present; under such conditions it rarely causes a rise in blood pressure.

S. E. EARP.

ONE WAY TO GET REVENGE.

A well-known specialist of this city says: "A patient of mine was in here a few days ago. I had done something for which I could charge any amount in reason. I intended to make it reasonable. I sat at the desk with a pencil in my hand. He began to speak to me familiarly, addressing me as 'Doc.' Every time he 'doc'ed' me I made a mark on a piece of paper and charged him $1 extra for each time. He doesn't know the cost of his familiarity, but I do."—Med. News.

Two boys had been bad in school. The teacher punished them by keeping them after school and compelling them to write their names six hundred times. They had scarcely started on their arduous task when the teacher found one of the boys crying.

"What is the matter?" she asked.

"This isn't fair," sobbed the boy.

"Why not?" she asked.

"Because his name is Bush, and mine Hoopengarner."—The Normal Advance.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

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SCOPOLAMINE - MORPHINE - ATROPINE AS AN ADJUNCT IN INHALATION ANESTHESIA.

Morcom (Proceedings of the Royal Society of Medicine) says that the advantages of a preliminary injection of scopolamine-morphine-atropine as an aid to a general anesthetic are manifold. The drowsy condition into which the patients generally fall frequently enables the anesthetic to be administered without the patient waking up. This seems to be particularly the case in highly nervous patients—a very satisfactory point, as it is these patients who feel most acutely the preliminaries of the operation and the administration of the anesthetic. In this connection it should be mentioned that the initial administration of ether is sometimes liable to awaken the patient, owing to its irritation of the bronchial passages, so that it is best to commence the induction with some less irritating anesthetic. He says that he always uses the ordinary chloroform ether mixture, and then continues with open ether when the patient begins to go under. If this is done the initial stage of induction is almost ideal; the patients are absolutely tranquil, there is no struggling or excitement, the respiration is deep and regular, and the pulse is full and slow. It is found that much less anesthetic is required to obtain surgical anesthesia, and this is certainly very marked in the case of open ether. Nicholson, in 1909, estimated this reduction at 50 per cent.

When anesthesia has been obtained the pupils remain contracted and react faintly to light, the corneal reflex being hardly ever lost. This latter fact may render it difficult to judge when a sufficient degree of anesthesia has been reached, but a good idea can be obtained by paying careful attention to all details, such as the condition of the respiration. The action of the atropine is noticeable owing to the fact that there is great diminution in the amount of the bronchial and salivary secretions, so that it is not necessary continually to clear out the mucus from the pharynx during the administration, and there is less tendency to post-operative bronchitis pneumonia. The writer says that he does not recollect a single case of either of these complications arising in patients treated in this way. A number of surgeons have stated that it is impossible to obtain thorough relaxation of the abdominal muscles when scopolamine-morphine-atropine has been employed, but he thinks this is the exception rather than the rule. It is in some cases due to the small amount of anesthetic employed, but very occasionally cases do arise in which it appears impossible to overcome this rigidity. Morcom has been impressed by the fact that this rigidity is very rarely a prominent feature in abdominal operations, gynecological or otherwise, where the entrance into the peritoneal cavity is effected below the level of the umbilicus, and most of the cases in which it does occur are those in which operations are performed in the epigastric region, in which situation the recti show greater development.

After the operation the patient, almost without exception, sleeps uninterruptedly for three hours or more, and this may be considered the most advantageous fact in this connection, as it does away to a great extent with postoperative shock, and also with the postanesthetic vomiting, which is so often such a distressing feature. Felix Rood, in the British Medical Journal of September 23, 1911, in a report on 400 cases, states that in 255 there was no vomiting, 120 vomited once or twice, and 25 did so several times. At St. Thomas' Hospital, however, the diminution in number of cases of postanesthetic vomiting has been even more

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marked than this, and the Sister of one of the female surgical wards reports that out of fifty consecutive operation cases so treated not one case of postanesthetic vomiting occurred. This treatment has been found so satisfactory in the gynecological ward at St. Thomas' that all operation cases have the preliminary injection as a matter of routine. The small proportion of cases in this ward that have postanesthetic vomiting may be gauged from the fact that of the last 127 cases operated upon there only six have vomited; of these six, four vomited only once, and then only slightly, two were considerably affected for twenty-four hours after operation, but one of these latter was an acute case, and the preliminary injection was administered only ten minutes before the commencement of the operation. It should be mentioned that in this series the anesthetics were administered by different individuals, ranging from the senior visiting anesthetist to the most junior house officers.

A point that is frequently raised by critics of the scopolamine morphine-atropine injection is that it greatly increases flatulence and constipation following operation, but the atropine tends to counteract the effect of the morphine, and Morcom's experience is that the patients do not have, as a general rule, any more trouble in this direction than those who have not had the preliminary injection. The dryness of the mouth, caused by the atropine, is sometimes complained of by the patients, but generally proves to be a minor trouble, and can be rectified by frequently washing out the mouth with water.

He further states that roughly 600 surgical cases pass through his hands each year, of all of whom he has the personal care, both before and after operation. Of this number, 40 per cent. have a preliminary injection of scopolamine morphine-atropine, and it is his honest conviction that these latter have a much better time in every way than those who are not so treated.—Charlotte Medical Journal.

DECISION FOR NURSE ALLEGED TO HAVE CANCER AS RESULT OF INJURY BY PATIENT.

A jury in the Supreme Court on October 15th, awarded $7,000 damages to a nurse on the ground that in the year 1910 a boy ten years of age, under her care, struck her in the breast in a moment of anger and ten months later a malignant cancer developed from the blow. Counsel for the defendant contended that in the first place there was no evidence that she had been struck, and secondly denied that a blow was the cause of the cancer, but, nevertheless, the jury awarded the nurse $7,000 damages.

The case is of peculiar interest to physicians inasmuch as it goes to show, first the unsatisfactory state of medical testimony and next the authority that a lay jury may arrogate to itself in settling a question which has heretofore remained in doubt. A cursory examination of several text-books on surgery, some of them containing articles upon cancer of the breast by men whose special study qualifies them to speak with authority, shows that there is still a divided opinion as to the traumatic origin of cancer. Our present ignorance of its etiology makes it impossible to deny that trauma may result in cancer, but at the most injury can only be a contributory cause, for otherwise every woman would likely develop mammary carcinoma, as it is doubtful whether a woman can be found who has not at some time of her life suffered some injury to the breast. The same holds good for cancer of the male breast. To argue that injury is the cause is at best to argue post hoc propter hoc, the most fallacious form of argument. The human tendency is ever to hark back to some particular occurrence which may explain a coincident happening. It is as fair to attribute birth marks to maternal impressions as to claim an injury as giving rise to cancer. Ten months, too, is a brief period in which a florid cancer may develop. It would seem that this view should be sufficiently logical to influence a jury in ap-

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proaching such a subject in the light of common sense, but it was evidently insufficient to shake the public belief that cancer results from injury. Probably the contradictory expert testimony offered had much to do with the verdict and might well have been the real factor in the failure to carry conviction to the jury.

Until physicians can, as a whole, realize their duty to one another and can be made to testify, not from self interest but from motives of honor and unswervering fidelity to the spirit of truthfulness, we must expect to fail in any effort to carry conviction, even in cases where the truth seems evident.—H. G. Webster, Editor Long Island Medical Journal.

DISCUSSION OF VIVISECTION IN THE SECONDARY SCHOOLS DEBATES.

By Dudley A. Pfaff, Indianapolis.

(The following discussion was given February 14, 1914, in the assembly room of the Hill School, Pottstown, Pa. There were four discussants, two on each side. Master Pfaff's colleague on the affirmative was Finney, son of Dr. John M. T. Finney, of Baltimore. The debates are limited to the Fifth and Sixth Forms—virtually the Senior year of the school. They occur weekly throughout the year. Master Pfaff is the son of Dr. O. G. Pfaff, of Indianapolis. The physicians' sons won the debate.)

Resolved: That the practice of vivisection for scientific purposes is justifiable.

Mr. President, Honorable Board of Judges, Ladies and Gentlemen:

My colleague has shown you the great benefit that vivisection has conferred upon the lower animals and that the amount of alleged cruelty is very small in comparison to the amount of good done for animals alone, and I shall show you that the apparent cruelty is smaller yet in comparison to the great good animal experimentation has done for human beings.

Of course we all know the first thing a physician does in the treatment of a patient is to diagnose the case. But do you realize that the exactness with which physicians diagnose cases was in most part made possible by vivisection? Take for example tuberculosis, the recognition of the tubercle bacillus, which is the main reliance of doctors in diagnosing this disease, depends entirely on animal experimentation.

Have you ever considered how the marvelous surgical operations of today are accomplished with almost no infection? There is scarcely any inflammation in this day and age, because Lord Lister, by experimental, research on animals found the way to avoid it.

Did you ever stop to think, ladies and gentlemen, by what means the greatest cures in medicine have been discovered? It is by animal experimentation.

Consider Pasteur, recognized by the people of France to be one of the greatest Frenchmen that ever lived. What did he do? He was the first to point out the germ theory of disease processes in plants and animals; he discovered a cure for rabies, and pointed out the harm done by bacteria of different kinds. How? By his experiments on animals.

Can you possibly estimate the great good of vaccination for small-pox? This was not obtained, to be sure, by experiments on animals, but we require animals to prepare the vaccine.

I could mention many diseases with which you may not be familiar for which vivisection has been an aid either in developing a cure or in perfecting a method of diagnosis, but I shall mention only a few with which you are familiar. Take, for example, the transfusion of blood from one person to another; the sewing of blood-vessels end-to-end as a cure for what is known as the "hemorrhage of the newborn"; the extermination of yellow fever by the experiments of Reed, Carrol and Lazier. Cures for other fevers, such as typhoid, have been accomplished by animal experimentation, as well as the marvelous work in brain surgery and discoveries of valuable serums.

How have the advances toward the cures of cholera, rabies, plague, diphtheria, cancer and tuberculosis been effect-

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ed? Dr. Harvey R. Gaylord, Director of the New York Pathological Laboratory for Cancer Research, declares that if a cure for cancer is to be effected it must come by tests on animals. Dr. Trudeau, of Saranac, the well-known tuberculosis expert, states that "everything that has a direct bearing on the prevention of tuberculosis, everything that has changed mankind's attitude toward it from one of apathy and hopelessness when the infectious agent which produces tuberculosis was unknown, and the disease was thought to be inherited and always fatal, to the growing hope of its ultimate conquest—we owe to animal experimentation."

I have here a pamphlet by Dr. W. W. Keen of Philadelphia, in which by means of two contrasting cases he gives us an idea of the good vivisection in the discovery by Dr. Flexner of a cure for cerebro-spinal meningitis.

Dr. Keen says that, "In 1905 I had made all by arrangements to do an operation on a Thursday morning. Among my assistants was Dr. C. On Wednesday morning he telephoned and said he was not feeling very well and that I had better engage some one to take his place. This I did, giving no special thought to the matter, supposing it was an unimportant passing illness. At ten o'clock that same night I was startled by a telephone message that if I wished to see Dr. C. alive I must come at once. In a few minutes I was there, but he was already unconscious. As I sat beside him and his weeping young wife, who soon expected to become a mother, how I longed for some means by which the hand of death could be stayed; but he died in less than thirty-six hours from the time that he was seized with cerebro-spinal meningitis.

"On June 16, 1909, Charles E. Hughes, Jr., son of the Governor of New York, and president of his class, was graduated at Brown University. A few weeks earlier he had been suddenly seized with a violent attack of the same disease—cerebro-spinal meningitis.

"But in 1907, midway between the death of Dr. C. and the case of young Hughes, Drs. Flexner and Jobling, of the Rockefeller Institute, had discovered by research on animals alone a serum against this disease. Three doses of this serum were administered also by 'lumbar puncture' to young Hughes Within twenty-four hours after the first dose his temperature fell to normal. The pus disappeared after the second dose and he soon recovered and was able to take his degree in the presence of his proud father. The tragedy in the case of Dr. C. was averted, a useful life was spared, and a family made happy.

"Not only have 500 human lives been saved in these first thousand cases, but for all time to come in every thousand 500 more human lives will be saved."

Let me now put a plain, straightforward, commonsense question: Which was the more cruel, Doctor Flexner and his assistants who operated on twenty-five monkeys and one hundred guinea-pigs with the pure and holy purpose of finding an antidote to a deadly disease and with the result of saving hundreds, and, in the future, of thousands on thousands of human lives; or the men and women who were "fanned into fury" in their opposition to all experiments on living animals at the Rockfeller Institute, "no matter how great the anticipated benefit"?

If your son or daughter falls ill with this disease, to whom will you turn for help—to Flexner or to the anti-vivisectionists?

Now, Mr. President, Honorable Board of Judges, Ladies and Gentlemen, I have tried to give you briefly some idea of the benefits of vivisection so that you may judge for yourselves, and I am confident that you will agree that the charge of cruelty is as nothing in comparison to the proven good that vivisection has done and will do for human beings.

WHEN DOES GESTATION BEGIN?

Dr. James Oliver, in the Edinburg Medical Journal for January, 1914, in a communication entitled Fertilization Time and the Inception of Gestation in Women, takes the ground that fertilization is always that of an oncoming ovum

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and never of one that is past. Among several arguments advanced, the most convincing is based on the fact that many women conceive while menstruation is held in abeyance by lactation, and the ovum fertilized under such circumstances can only be that of an oncoming menstruation. Since we reckon the duration of gestation from the date of the cessation of the last menstrual period, if it is not always the oncoming ovum that is fertilized, but sometimes one of the past menstruation, then the gestation period in the former case must be shorter than in the latter; and this, avers Doctor Oliver, is an unscientific, an impossible hypothesis. Fertilization, he believes, takes place at any time during the intermenstrual period, except during the thirty-six or forty-eight hours preceding menstruation, because menstruation having begun to assert itself, cannot be inhibited by another physiological influence.

It follows that since the gravid uterus, at or about the fourteenth day after the first menstrual period is missed, is approximately of the same size in every case, gestation must begin at a definite and fixed time in the human female. This time probably corresponds with the time when menstruation would, under ordinary circumstances, have been begun. Consequently, when abortion takes place fourteen days after the inhibition of the first menstrual period, the aborted product of conception is only about sixteen days old. This conclusion is obviously important, both as regards the duration of pregnancy and the development and growth of the embryo.—New York Medical Journal.

AN ANALYTICAL STUDY OF TWENTY CASES OF INFANTILE PARALYSIS.

Sophian (Arch. Pediat.) says that in anterior poliomyelitis the bright and rational mental condition contrasts strikingly with that of the dull and stuporose condition in meningitis. Slight neck rigidity and a little marked Kernig phenomenon differentiate the former from the latter. In poliomyelitis the temperature drops and the general condition improves with the onset of the paralysis, but in meningitis the palsy is accompanied by high temperature. In polioencephalitis the patient is dull and stuporous, but is clear and intelligent on being roused, contrasting with the disorientation, irritability and hyperaesthesia of the meningitic. The author lays stress on Macewen's sign—a typmanitic wooden note obtained on percussion over the fronto-parietal region, denoting hydrocephalus and frequently accompanied by ataxia. Polioencephalitis differs from tuberculous meningitis, its acute onset, its frequently extensive paralysis, and comparatively unimpaired sensorium. The author had three cases belonging to the myelitic, one to the Landry type, four abortive cases, twelve polioencephalitic forms, of the latter, five were hemiplegic, and two had ophthalmoplegia. The cerebro-spinal fluid is usually clear, but sometimes bloody. Globulin is present in the early stages, and may persist throughout the disease. With the onset of paralysis it usually disappears. The cells are moderately increased in the acute stages with a high lymphocytosis, while in tuberculous meningitis there is a uniformly strong globulin reaction and a high cell count. The fluid is always sterile in infantile paralysis.

HYPERTHYROIDISM.

M. F. Porter, Fort Wayne, Ind. (Journal A. M. A., July 12), gives an account of his experience with the treatment of hyperthyroidism by boiling water injections. It is, he says, a safe procedure, as shown by his experience in over a hundred injections in twenty cases by himself and the testimony of others who have used the method and have been requested to report to him. The immediate effect of the injection is destruction of thyroid tissue and colloid, and this is continued further by the resultant formation of fibrous tissue. With the aid of local anesthesia the pain and discomfort are usually negligible and usually pass away in a short time. The twenty cases are

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reported and the technic described. In one the results are not known, but in others improvement occurred and four patients were cured, calling those cured who hsow no signs of continued hyperactivity of the thyroid. The experiments made on dogs by Dr. W. D. Gatch and others at the request of Dr. Porter, are also given in the article. The facts, he thinks seem to warrant the conclusion that the injection of boiling water into the thyroid is a safe and efficient method of treating hyperthyroidism and that it will prove of special value in cases in which thyroidectomy is contraindicated.

SOME POINTS IN THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.

The following is an excerpt from an article by Shalet in a recent issue of the New York Medical Journal:

The overwhelming importance in the diagnosis of early pulmonary tuberculosis of the clinical symptoms over the physical signs being established, it remains to enumerate the more constant ones of the former. This is conveniently done by their natural division under the headings of systematic and respiratory symptoms. In the persistent absence of tubercle bacilli from the sputum (which may be found at any time) these symptoms, in the order of their occurrence, are as follows:

Systematic—Weakness; neurasthenic manifestations; anorexia; constipation (sometimes diarrhea); loss of weight; pulse, blood tension, by hyperidrosis, etc.; night sweats; fever.

Respiratory—Cough; expectoration; change of voice; dyspnea; hemoptysis.

Conclusions.

1. No patient should be declared actively tuberculous requiring treatment on the presence of physical pulmonary signs alone.

2. In the presence of some of the physical signs of tuberculosis in the lungs, but with persistent absence of tubercle bacilli from the sputum and but few, if any, clinical symptoms, the patient should be properly treated and watched before declaring him to be actively tuberculous and to require the classical treatment.

3. A patient with the characteristic clinical symptoms of pulmonary tuberculosis, is tuberculous, and should be told so and treated as such, regardless of the meagerness of physical sign in the lungs and the absence of tubercle bacilli from the sputum.

CONTAGIOUSNESS OF LEPROSY.

Public Health Bulletin No. 1, in an article by George W. McCoy, surgeon, and William J. Goodhue, M. D., "The Danger of Association With Lepers at the Molokai Settlement," gives the following conclusions: "Of 119 men, practically all Hawaiians or persons of mixed Hawaiian blood, living in the same house with lepers, five (4.2 per cent.), developed leprosy. Of 106 women, practically all Hawaiians or persons of mixed Hawaiian blood, living in the same house with lepers, five (4.71 per cent.), developed leprosy. Of 12 women, all Caucasians, who lived in such contact with lepers as is necessary in administering to their bodily and spiritual needs, none developed the disease. Of 23 men, all Caucasians, who lived in such contact with lepers as is necessary in administering to their bodily and spiritual needs, three (13 per cent.), developed the disease. So far as we could ascertain, the shortest period in which the disease developed after the person entered the settlement was three years (2 cases), and the longest 17 years.

SYPHILITIC INFECTION FROM THE BLOOD OF PARETICS.

Dr. W. W. Graves alludes to his former theory of relative tolerance as opposed to that of latency of syphilis and holds that this theory is supported by the results of the modern aids of the laboratory and clinical refinements in the treatment of the disease. Since Schaudinn's discovery the demand has become more and more insistent for the recognition of the luetic virus in every stage of the disease, and he gives an account of his experiments on rabbits with blood inocula-

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tions from syphilitics and paretics. From the blood of two paretics the author was able to procure the syphilitic infection in rabbits and reproduce the spirochetes. He concludes that one is justified in affirming that, until confirmatory and additional work can be done, clinical observations and laboratory methods will continue to support the idea that in paretics, tabetics and so-called latent syphilitics the living virus of syphilis is ever present.

THERAPEUTIC ACTION OF A NEW CODEINE DERIVATIVE, PARACODEINE.

W. Dahl says that paracodeine fills a gap between the codeine and morphine groups. As a result of experience the author asserts that when paracodeine is given, like codein, in small doses, it often acts with more intensity than codeine. Compared with codeine the new remedy has a greater sedative power. For certain uses this remedy will advantageously replace even morphine. No unpleasant after-effects, any more than with the codeine preparations, have been observed. The new preparation is a hydrated codeine, soluble in warm water. The dose generally used was from 0.025 to 0.03 gramme.—Dent. Med. Wock, N. Y. Medical Journal.

SHOULD TUBERCULOUS MOTHERS SUCKLE THEIR CHILDREN?

By O. Cozzolino (Arch. of Kinderheilk, Bazinsky Festschrift, 1913, P. 221.)

D. Cozzolino asks and answers the following questions: (1) Does the tubercle bacillus pass into the milk of a tuberculous mother? All authors save v. Behring answer this question in the negative except in rare instances. (2) Are the toxins of the tubercle bacilli excreted by the milk? This can occur, but the amount is so small that evil consequences can rarely result. (3) What influence does suckling exercise on the mother? An existing tuberculosis is made worse, and a latent tuberculosis is often set aflame.—The Post-Graduate.

Digitalis.—In the September number of Merk's Archives (from Maryland Medical Journal), Wilfred M. Barton presents some observations on the action of Digitalis, summarizing as follows: (1) Historically considered, it is interesting to note that the lately discovered fact that digitalis depresses the conductivity of the bundle of His, thus acting upon the heart by lowering one of the important functions, tends to restore the older view, that, essentially considered, digitalis is a sedative much more than a stimulant to the heart. (2) Physiologically considered, that is to say upon healthy animals under the conditions of laboratory experiments, digitalis slows the heart through vagus stimulation, increases the force of the sysole, diminishes the extent of diastole, constricts the vessels, and raises the blood-pressure. A depression of the healthy bundle has not unequivocally been made out. (3) Clinically considered, it is found that beneficial therapeutic results from digitalis found almost exclusively in that particular form of cardiopathy which has received the name of auricular fibrillation. In this condition the effects of digitalis are quite marvelous. In auricular fibrillation the bundle of His may be assumed to be a condition of pathological excitability and irritability, since normal impulse formation is replaced by impulse formation at multiple auricular foci. The action of digitalis in auricular fibrillation is to depress the function of the bundle of His, and thus to reduce the formation and transmission of pathologically formed impulses. Vagus stimulation plays no part in the slowing of the heart, except in non-fibrillating cases. Whether or not the force of ventricular contraction is increased, is not known. It is not inconceivable that digitalis may produce a simultaneous depression and stimulation of different parts of the cardiac musculature.—Cleveland Medical Journal.

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NURSING NERVOUS PATIENTS.*

(By Mildred Lucie Spackman.)

The nurse who is most successful with nervous patients is she who possesses a nervous imaginative temperament, well under control. She must be extremely tactful, sympathetic and adaptable. Mr. Stephen Paget suggests that a doctor is much improved, from his patients' point of view, if he has to undergo a severe operation, or has a serious illness, at the beginning of his medical career; this (though it sounds unkind) is perhaps also true of the nurse. She would understand —to her patient's benefit—the minor worries of invalidism, and remember that an invalid's point of view is often out of perspective. The nurse must always keep her mind open to fresh impressions, remember that no two people are alike, and that no two patients can be treated exactly in the same way. Above all, she must take care of her own health, and never let her thoughts dwell on the patient when away from her.

It is unfortunate that there is a widespread idea that sympathy is bad for nerve patients, and that they do not deserve it. Nothing could be more erroneous. "Sympathy" is not synonymous with "pity," neither is it sympathetic to tell a patient how ill she looks, or otherwise encourage her sensations of ill-health. Sympathy, in the true sense of the word, will enable the nurse to comprehend the patient's feelings, win her confidence, and thus be able to help her. It is always possible that a patient's nerves are upset by a secret trouble, though she may pretend some other cause. Nervous patients are usually over-sensitive, and the nurse should be very careful to avoid snappiness, however "trying" the patient may be. The patient probably finds her equally "trying," and is suffering more. A patient who has been snapped at may refrain from expressing any emotion (which does not imply that she is not affected by it) for the remainder of her illness, and will certainly never confide in her nurse, or respect her. Too much self-control is sometimes as bad as too little.

Nervous terror of the most ordinary incidents is a frequent symptom in nerve cases, especially after a long illness or bad attack of influenza. Many patients —often the worst cases—do not talk of these feelings, through pride, or fear of being thought silly, or even insane. If the nurse suspects the existence of these feelings, it is perhaps kinder for her apparently to ignore them. She can help the patient without alluding to it. She might speak casually of a "case she once had' where the patient suffered from nervous terrors, and who forgot them as she recovered. And if the patient is "nervous" of speaking to people the nurse could—momentarily—take the lead in the conversation when a visitor comes in and gradually efface herself. In time the patient will rely on her, and cease to be conscious of her nervousness. With any form of nervous terrors, if the patient has confidence in and reliance on her nurse, it will be easier for her to regain her normal condition than if she had not that confidence and reliance. This is especially the case if the patient is inclined to give way, or does not recognize the sensations as abnormal, and know what is normal.

Some patients implore the nurse not to leave them alone with the doctor; others prefer the nurse to be absent during the medical interview. The patient's wish should always be studied in this matter, and if she expresses none the nurse should leave patient and doctor together, without appearing to have made a point of doing so.

Nervous patients require more rest than others, and the nurse must see that it is undisturbed. She must not go into the sick-room after the patient is made comfortable for the night, unless for an important reason. The very fact of expecting the visit would keep many people awake, and if the patient had fallen asleep, there is always the risk of waking her, and thus causing a bad night. Some patients wake up at one or two in the morning, and find it impossible to sleep again. A glass of hot milk often

*Reprinted from The British Journal of Nursing.

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remedies this, and it could be put in a vacuum flask on the bedside table the night before, so that the patient can help herself at whatever hour she awakes. Rest during the day is equally essential. A patient who feels wretched and unstrung is generally much better after an hour or two's absolute quiet with an interesting novel, or, if tired as well, a long sleep. Nervous patients should cultivate the art of lying quietly and restfully when unable to sleep.

Many patients dislike being asked how they are and how they have slept immediately the nurse enters the room in the morning. Great tact is often required in asking any questions at all, and if the patient can be induced to give the necessary information without being asked so much the better.

The patient's diet will be prescribed by the doctor, but the nurse should see that it is daintily served, and as varied as possible. The appetite is even more capricious than is usual with an invalid, and a very slight thing may cause the patient to enjoy, or refuse, a meal. All food should be light, nourishing and extremely digestible.

Fresh air—if only through an open window—sunlight and cheerfulness, are all necessary to the patient's recovery. People who are dull, or pay lengthy visits, or are exceedingly emotional, should be excluded from the sick-room.

Some colorings in wall papers are more soothing than others; green and blue are the best shades. Unfortunately it is rarely in the nurse's power to choose.

An over-crowded room is never restful, and it is always possible to remedy this matter.—Dietetic and Hygienic Gazette.

SING A SONG OF HEALTH.

The place of song in the development of nations has scarcely been written. The measures of the crooning lullaby, the joyous activity of the singing game or dances, the historical eloquence of the folk song, the stimulating rhythm of the martial cadence, the sedative measures of the hymn, the inspiring qualities of the national airs have marked effects upon the development of the home the state and the nation. The college song, the funereal song, the religious, the merry, the pathetic, and the comic songs make their appeal to the emotions.

"There is in souls a sympathy with sound;
And as the mind is pitch'd the ear is pleased
With melting airs of martial, brisk or grave;
Some chord in unison with what we hear
Is touch'd within us, and the heart replies." —Cowper.

The physiology of vocal music deserves careful attention not alone because of its psychological effects but because of the physical reactions which are awakened in response to the rhythms and cadences spontaneously developed or organized with conscious effort.

The songs of health deserve to be sung, the value of singing in connection with the development of mental equilibrium is thoroughly appreciated. While institutions for the insane utilize music and song in the treatment of patients, ordinary hospitals have not begun to avail themselves of the reconstructive possibilities of musical recreation. Unfortunately, hospitals are not equipped sufficiently on the recreative side. The plight of the convalescent in the average hospital is regrettable. Largely without occupation, with minor interests to be satisfied, he bides his time until he is sent back to his cheerless home or is lost in contemplation of his sufferings, past and future.

Wonderful results could be accomplished were it possible to set aside sufficient space in hospitals for the occupation, recreation, and amusement of convalescents or indeed of bedridden patients free from febrile conditions. The most natural obstacle which suggests itself is the monetary cost, but this need not be overwhelming except in so far as the original cost of the room is concerned, in the light of a consideration of the benefits to be achieved.

In the Survey, January 3d, there appeared a symposium of social hymns deal-

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ing with aspiration and faith, liberty and justice, peace, labor and conflict, and brotherhood and patriotism. It is a vitalizing and inspiring collection that reflects credit upon the journal in which it appeared and upon the special editor, Mabel Hay Barrows Mussey. It is a rich collection of social verse which, in an enlarged and published form, should find a place in all institutions which seek to develop a real consciousness of human brotherhood. It contains the therapeutic elements of antispasmodics, somnifacients, the respiratory and cardiac stimulants and depressants, and the tonics and digestants. Certainy the field of music overlaps the field of therapeutic and prophylactic medicine.—Medical Review of Reviews.

THE VIRUS OF RABIES AND THE NEGRI BODIES.

A distinct advance in the diagnosing of rabies followed the discovery, by Adelchi Negri in 1903, of certain cellular inclusions constantly present in the nervous system of animals affected with this disease. In the past ten years many of our health boards have used means for the recognition of these bodies which have come to be regarded of prime importance in the diagnosis of rabies. Negri himself worked for nearly ten years in studying these bodies and successively demonstrated their presence in various animals suffering from rabies. His work has been confirmed by many observers the world over. The findings have been so generally uniform that it has come to be recognized that when Negri bodies are found in the ganglion cells of the hippocampus major it is a positive sign of rabies. These bodies have been further studied by researchers with a view to proving their parasitic nature but without advancing our knowledge of them any more than in the case of the Guarnieri bodies caused by vaccine virus. The smallest of these bodies are almost ultramicroscopic and react to stains like nuclear particles, but the largest—the typical Negri bodies—are readily differentiated from nuclear particles by appropriate staining methods. Any further light upon the significance of these bodies is to be welcomed, especially since, every now and then, some false prophet preaches that there is no such disease as rabies. Pasteur's work alone in 1884 should refute this.

Recently Acton and Harvey of the Pasteur Institute in India have published a report of their studies on the fixation of rabies virus in the monkey (Macacus rhesus) with a study of the appearance of Negri bodies in the different passages (Parasitology, Vol. 5, No. 4, February, 1913). These authors found that the street virus of the dog becomes exalted and fixed by successive passage through the monkey, just as in the rabbit and other animals; the type of rabies being at first furious, but after the seventh passage, paralytic. With each successive passage the Negri bodies were found to be smaller in size until ultramicroscopic. After the seventh passage, when the paralytic form of rabies was fully developed, very few Negri bodies were found. This diminution of the number of Negri bodies seems to bear a definite relation to the fixity of the virus as shown by another experiment. The authors inoculated two bullocks, one with street virus and the other with fixed virus. The street virus caused large Negri bodies, whereas the fixed virus caused none at all—and this in an animal showing the largest Negri body known.—Medical Record, May 17, 1913.

RECENT IDEAS ON ANEMIA.

In a recent issue we commented on the subject of anemia in the light of past and present theories held in regard thereto and particularly with respect to the relationship existing between gastrointestinal disorders and the development of severe forms of anemia, simulating that type long known under the caption of "primary pernicious anemia."

Schmidt, Hunter, and other investigators in this field, have reported beneficial results in anemia following the suitable treatment of concomitant digestive disturbances. From these observations the impression is rapidly gaining ground

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among clinicians and hematologists that in the severe anemias a cause may be demonstrated in the shape of either an apparent or obscure toxemia located elsewhere than in the hemopoietic system. William Hunter, who has been such a persistent and painstaking worker on this subject, recently summarized the results of his observations and researches which he has carried on for the last thirty years. As he rightly points out, our early conceptions of anemia were based chiefly upon the structural changes in the blood, which in the pernicious form of the disease, are fairly characteristic. The idea held by most authorities at the present time, however, relates more to etiology, which can be definitely determined in a considerable proportion of anemias. Looking at the problem from the etiological point of view, Hunter has finally come to the conclusion that anemias are either of infective or non-infective origin, and considers "that the most important thing in connection with any case of anemia—both as regards diagnosis and treatment—is to ascertain the nature of the factors which have produced it." These, Hunter maintains, can be demonstrated in the majority of cases of severe anemia. He says "it is my experience in nine out of ten cases of so-called 'severe anemia,' that an infective factor is present; that it is in the nature of a septic infection, usually streptococcal; that the sepsis is formed in the mouth in connection with septic gingivitis, peridontal disease, or caries, and their multiple effect and manifestations in septic gastric and intestinal conditions arising therefrom." From these observations he draws the natural inference "that removal of the sepsis stops the anemia, or greatly lessens that due to other causes which it is complicating."

It is quite evident that Hunter attaches great importance to the demonstration of an infective focus in some part of the body, particularly in the gastrointestinal tract. He lays a good deal of stress on what he terms "oral sepsis," and it is a matter of common clinical experience to find in markedly anemic patients, evidences of low grade infection in the mouth, and especially about the teeth.

Hunter, from his studies, would distinguish between what he terms "progressive hemolytic anemia" and "septic anemia." He maintains that "they are but the varying expressions of the blood cells to the infective toxic influences operating on them and on the blood glands. They denote the activity, or quiescence of these infective factors—but, if taken apart from the clinical features, not the nature of the anemia." The difficulties of differentiating these two varieties are not so great as might appear on first sight. A close correlation between the blood picture as observed over a fairly long period of time, and the clinical manifestations of each individual case, is evidently desirable in order to determine the possible factor or group of factors instrumental in producing the anemia.—Post-Graduate, March.

POSITION OF THE STOMACH IN CHILDREN.

By means of the bismuth meal, x-ray and fluoroscopic screen, we have been able to steadily advance our knowledge as to the normal position of the stomach and intestines, but there still remains much to be learned on this point. Symptoms and diseases are not infrequently ascribed to various supposedly malpositions of the viscera, only to find by subsequent investigation that such positions may not actually constitute an abnormality per se, but simply be the expression of an exaggerated function. There has been great diversity of opinion in regard to the position of the stomach in children, and in this connection a recent paper by Sever, of Boston, throws some light on the discussion. Sever investigated by means of the bismuth meal and x-ray, eighty-three children ranging in age from four to eighteen years, the average age being about ten or eleven. As to the results of this investigation the writer makes the following statement:

"In these eighty-three case of generally average developed children, the average position of the stomach is a much lower one than had been previously suspected,

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and that to find a stomach at or well below the crests of the ilia is not at all unusual. But one of these children had symptoms referable to its digestive tract, which in that case was due to dilated colon, a condition causing chronic constipation, and not to a stomach which showed a moderately low position. They were otherwise perfectly well as far as their digestive apparatus was concerned.

"We must also change our ideas, I believe, as to the shape and size of the child's stomach. As seen in this series, as I have said before, it was generally large and either horizontal or of the sink-drain type. The ideal so-called 'cow's-horn' stomach was rare.

"In conclusion, I would state that I believe it has been shown by this study that the child's stomach is lower than we generally supposed, and to find a stomach low in a child does not therefore necessarily mean that there is a pathological ptosis."—Post-Graduate, March.

SPINSTERS OUTLIVE THE MARRIED.

NEW YORK, March 25.—The spinster lives longer than the married woman, and the woman who holds an endowment insurance policy lives longer than the woman who takes out a straight life policy. These facts, substantiated by statistics gathered last year by experts in the employment of forty-three insurance companies, were brought out by Arthur Hunter, an actuary, in an address at the monthly meeting of the Life Underwriters Association of New York.

Mr. Hunter also said the business woman lives longer than the married man, but he did not attempt to explain why, except to declare that figures proved his statement to be a fact. Nor did he explain why the unmarried woman survives the matron. He did tell, however, why the woman who takes out an endowment policy lives longer than the woman who has to die to win.

"The endowment woman just gets up her spirit an determines to live until the policy matures," he said. "The other woman sighs and says: 'Oh, what's the use.'"

Mr. Hunter said there were more fatal accidents in this country than elsewhere because of the American "I'll take a chance spirit."

"The mortality rate among engineers and fireman is eight times that of men in other callings," he said, "and among policemen about 40 per cent. higher. With policemen, it is on the increase.'"

TREATMENT OF WOUNDS AND DENUDED SKIN SURFACE.

Delanglade (Revue de Chirurgie) points out the disadvantages of the dressings commonly used, moist as well as dry, in wounds covering a wide area of skin—especially burns—and discharging freely. In order both to secure efficient drainage, and not interfere with epithelial proliferation and healing, the author uses silk protective with numerous openings, which, after sterilization by boiling, is applied directly to the open surface, and then covered with an ordinary absorbent gauze dressing. The silk material does not become adherent and can therefore be very easily removed without causing hemorrhage or pain.

CROTALIN IN EPLIPESY.

T. J. Mays discusses the efficacy of crotalin and states that if his deductions are confirmed by further experience, the following therapeutic points in the administration of the drug will be established: 1. As a rule, crotalin has the power of relieving the paroxysms of epilepsy if given in suitable doses. 2. The average maximum dose lies between 1/100 grain and 1/50 grain, though probably in every case the former must be preceded by minimum doses. 3. Crotalin has more power to relieve epilepsy than the bromide compounds.—Medical Record.

EXACT OBEDIENCE.

Bedelia: Phat are yez doin' takin' the lock off the cupboard dure, Pat? Are yez chrazy?"

Pat: "No darlint; the dochtor tould me today that I must quit boltin' me food—and I'm goin' to obey insthructions."

—Cincinnati Times-Star.

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MEDICAL MISCELLANY

THE LAYMAN'S SIDE OF EUGENICS.

Brain, Brawn and Eugenics.

California is to have the first eugenic law in operation this coming autumn. After it goes into effect a man must produce a certificate of health before he can secure a license to marry. Luckily we shall never know if posterity loses aught by this concession of possible brains to a certainty of brawn.

Remembering sundry scraps of biography of certain famous personages, it may be argued whether it has not been a fortunate circumstance for us that eugenics did not come into vogue earlier. What commoner phrase than "he was a sickly child"? For example, in the Encyclopedia's life of Alexander H. Stephens we read: "In spite of many difficulties imposed by poverty and ill health, he became a lawyer and politician of great reputation."

The same authority gives this account of Lord Byron: "Byron's immediate ancestors were far from being quite respectable people. His father was a profligate officer. His mother was a fitful and passionate woman," and frequently alluded to her little son as "my lame brat." (1).

Alexander Pope seems to have entered the world under no system of eugenics, and is described by Samuel Johnson: "Pope was from his birth of a constitution tender and delicate." (2).

Jean Jacques Rosseau says in his "Confessions": "I came into the world with so few signs of life that they entertained but little hope of preserving me." And this ingenious Frenchman proceeds to relate that he inherited physical infirmities from which he suffered all his life.

In the Atlantic Monthly for December of last year, Mr. Simeon Strunsky has a curious article on "Race Culture," from which it is to be inferred that eugenics would have closed the door of the world to John Keats and Robert Louis Steven son (2½). It is in the form of a soliloquy between one Harding and one Cooper. Harding is a hard and fast proponent of eugenics. Cooper had dabbled with the science, but had not made much progress. "As far as he could gather, eugenics was intimately connected with the business of raising peas. Forty years ago an Austrian clergyman named Mendel had hit upon an interesting discovery. You crossed a species of dwarf pea with a species of giant pea, and the offspring was seventy-five per cent. of the other kind; Cooper had forgotten which. Then you took some peas of the second generation and self-fertilized them, whatever that might mean, and the third generation would be divided half and half."

Harding enters into a scientific explanation. Then Cooper:

"All right. Suppose you have your Mendelian peas all straightened out so that you know in advance which are coming out from where. Which peas would you permit to be brought forth, and which would you suppress?" And he went on to show that if Harding had been alive, toward the end of the eighteenth century, and had been allowed to have his own way, he might have prevented a tuberculous child named John Keats from being born. But who would have written the lines on a Grecian Urn? Or Robert Louis Stevenson: Harding might have choked off the disease laden chromosome that became R. L. S.; but would he have dared to do so if he had known what the future had in store? Harding thought that the Grecian Urn and Treasure Island were not too high a price to pay for a world with no consumptive children in it.

Charles Dickens was a frail lad, for whom eugenics did not do much. Charles Lamb was another. Thomas Noon Talfourd describes him when a child as "small of stature, delicate of frame, and constitutionally nervous."

Sir Walter Scott might have been barred by the eugenists. In the Britannica's biography of him there is a medical note on Scott's early illness which

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says: "Scott's lameness was owing to an arrest of growth in the right leg in infancy. (3). The narrowness and peculiar depth of Scott's head point to some more general congential error of bone-making allied to rickets, but certainly not the same as that malady. In favor of the theory of congenital liability it has to be said that he was the ninth of a family of whom the first six died in very early youth."

Gibbon, the historian, tells us that he was the eldest of seven children, and the only one who survived infancy, and that his own life in youth "hung by as mere a thread as to be again and again despaired of." Eugenics seem also to have overlooked the Bronte sisters and the poet Swinburne. (4).

Illustrations might be multiplied, but it may be answered that great talent does not necessarily accompany a frail constitution, and that a few dozen geniuses are not worth a million defectives. The California law will take its course. We have our gems of prose and poetry; posterity and the progeny of the pugs will have to look out for their own Grecian Urn and Treasure Island.—San Francisco Evening Post.

1. Byron had bone tuberculosis.
2. Pope had Potts Disease.
2½ Pulmonary tuberculosis.
3 Anterior poliomyelitis.
4 All were children of tubercular parents.

THE INDIANAPOLIS MEDICAL SOCIETY.

President, T. B. Eastman; vice-president; E. de Wolf Wales; second vice-president, J. W. Carmack; secretary-treasurer, Alfred Henry.

March 3, 1914.

Program—Case Reports, "Hodgkin's Disease," Dr. H. A. Jacobs.

In this case the entire chain of maxillary glands on left side was removed and returned within one year. Sodium cacodylate was administered in seven-grain doses hypodermatically on alternate days. High frequency and Roentgenotherapy were tried with no results. Benzine treatment of Lawson and Thomas was ineffective. Reference was made to medical literature in which case reports showed autogenous vaccine treatment was given and seven out of twelve cases recovered but considered too recent for report of permanent results.

Case Report: "Stab Wounds of the Diaphragm." Dr. N. E. Jobes. This report appeared in full in the March issue of the Journal.

Case Report: "Brain Tumors," Dr. C. D. Humes. This report will appear in full in our next issue.

Dr. Noble reported a case of chronic jaundice due to obstruction at the papilla. This report appeared in full in our February issue.

Discussion: Dr. Porter.

Arsenic is the usual drug given in Hodgkin's Disease but would like to know how successful the administration of salvarsan has been. In reference to Dr. Noble's case I would say that no one should be let die without surgical interference. Cited a case of apparent acute obstruction which proved to be a small tumor in common duct.

Dr. Wynn said he gave salvarsan to one case of Hodgkin's Disease with no favorable result.

Dr. Sterne. In reference to the case report, reported by Dr. Humes, it is important to note that with the tumor in the region in which it was located; viz., the left temporal lobe near the tip, that there was an entire absence during life of clinical symptoms usually present with lesions in that particular location. These symptoms form a syndrome which we call uncinate epilepsy with an aura of taste and smell and frequently lavolving the abdominal viscera together with a dream-like state, lasting for a greater or lesser length of time. Such a syndrome is quite typical for lesions in the forward portion of the temporal lobe in which the cortical centers of taste and smell, and possibly for visceral sensations also lie. Another important lesson is the effect which we frequently note in spinal punctures and the withdrawal of cerebral spinal fluid in the choking of the discs. In this instance it it to be observed that in the first examination made by Dr. Parker, papillitis

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was found. At the second examination the congestion and choking of the discs, in fact the whole fundal appearance had changed. The spinal puncture had been made a couple of days prior to the second examination and it is very likely indeed that the withdrawal of the cerebral spinal fluid was directly responsible for the betterment in the condition of the fundi as well as the general condition of the patient. About a week after the second examination, the papillitis had become intense, as found by Dr. Morrison and the general condition of the patient had become much worse. Papillitis, or choked disc, is a distinct indication for operative interference, even where the exact location of the gross lesion within the cranium has not been determined. It is essential to save sight and not infrequently places the patient in a condition for a secondary operation with a successful removal of a tumor within the cranium.

Dr. Alburger. I find it difficult to make a diagnosis of Hodgkin's Disease. I believe it is a disease for clinical diagnosis, not pathological. I look upon such a diagnosis with suspicion.

Dr. Dodds. Glad to hear Dr. Alburger confess that pathologists cannot always make a diagnosis by aid of microscope. We now have the aid of flouroscopic screen in showing viscera in case of stab and allied wounds.

The society spent an hour discussing the problem of a permanent home. Finally by a unanimously carried motion the chair was asked to appoint a committee of twenty to investigate and report later.

March 10, 1914.

Program: Report of Cases. Dr. J. H. Payne.

Case 1. Laryngotomy. Boy two years of age choked on a peanut kernel. Apparently dead. Heart weakly fluttering. Plunged bistoury through thyroid membrane, dilating opening with artery forceps. Inserted metal catheter between vocal cords elevating epiglottis together with kernel. Closed with four stitches. Uneventful recovery.

Case 2. Lithiasis. J. A., inmate of Julietta asylum. Unable to void or defecate. Anemic, despondent and distressed. Died of uremia and autointoxication. Autopsy. Bladder seemed to be a hard tumor. Found to be filled with soft calculi simulating "Wallaston's Calculus" described in 1797. The calculi were large and small, laminated, nonsymmetrical, light in weight and rather hard.

Case 3. Uterine Hemorrhage. Mrs. M., age 52. Borne four children. Perituterine cellulitis followed last terminating in suppuration and discharging through bowel. Menopause began at 40 with severe hemorrhage which a trachelorrhaphy by Dr. T. B. Harvey stopped. Was called first on account of uterine hemorrhage. Uterus large, hard and tender. Packing and ergot had no effect for quite awhile, then only temporary. Finally galvanism after the method of Apostoli of France was used for eight weeks. Fifty to three hundred milliamperes were used. Patient recovered and is now enjoying good health at 76.

Paper: "Aids to Diagnosis in Pelvic Inflammations in Women," Dr. Ada Schweitzer.

Abstract: Pelvic inflammations include various inflammatory conditions involving pelvic viscera. Many cases are diagnosed so late that treatment can only be palliative. In origin they are infectious or non-infectious. In either case the inflammatory condition may be sudden in the onset, with acute well-marked symptoms or it may be chronic, with obscure symptoms often apparently referable to unaffected organs. The non-infectious varieties are more infrequent and may originate in the irritative action of some chemical secreted by the tubes and ovaries or to some foreign body in the pelvis.

The more common infectious organisms are gonococcus, streptococcus, staphylococcus and colon bacillus. Cases due to pneumococcus B. pyocyaneus, Bacillus Aerogenes Capsulatus and tubercle bacillus have been recorded. Primary infections are likely to occur as a direct result of labor, abortion, instrumentation or gonorrhea. The secondary are due to an extension from an inflam-

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matory focus as the appendix or bladder. The manner in which the infection extends aids in diagnosis. The ordinary gonorrheal infection extends to the peritoneum by way of the uterine mucosa through the fallopian tubes while infections following uterine trauma extend by means of the lymphatics directly through the wall of the uterus from the endometrium to the cellular tissue, or through the thrombosed sinuses in puerperal cases to infective thrombosis of the broad ligament veins. Important aids to diagnosis are age of patient; civil condition; habit of life; family history; symptoms; posture and facial expression; personal history; character; location and duration of pain. Palpation, ausculation and careful bimanual examination by physician are requisite. Microscopical examination of discharges either the cervical discharge or of the lochia may clear up the diagnosis. Vaginal specimens are not usually satisfactory. Blood cultures or cultures from cerebro-spinal fluid may reveal the invading organism. The Wassermann test aids in the diagnosis of syphilitic conditions. Much has already been accomplished in the application of the complement fixation test to obscure chronic gonococcus infections. In gonorrheal inflammations the focal reaction following the use of gonococcus vaccine is generally pathognomonic. Abderhalden test may indicate recent or extrauterine pregnancy. In tuberculous infections the bacillus may rarely be found in uterine secretions. The biological tests for the presence of this infection aid greatly in determining the nature and the location of disease, by general, local and focal reactions. The exploratory operation is warranted where other means fail and the symptoms are acute or grave. A differential diagnosis in cases of suspected appendicitis is important because of differences in surgical procedure.

The use of the X-ray in diagnosis may be of value. Relative temperature, respiration and pulse records aid. A leucocyte count will show in recent cases or in acute exacerbation of old cases an increase to fifteen or thirty thousand or more. Both leucocyte count and temperature are likely to be higher in puerperal than gonorrheal cases.

Discussion. Dr. Ketcham.

Diagnosis is important. Complement fixation for gonorrhea has been tried out and definite results are reported, making obscure cases diagnosable. The Abderhalden test is another aid along this same line. Cases can be determined in two weeks' pregnancy.

Dr. Ferguson. Many cases of pelvic inflammation follow delivery, abortion and miscarriage. Few cases follow hospital delivery, and they are infected when brought in. The average practitioner is not careful enough. The curette is used too promiscuously. Should never be used when gonorrhea is present. Blood cultures are slow for practical purposes, in puerperal infection. A smear from endometrium will show streptococcus if it be present. It is all important to exclude this organism.

Dr. O. G. Pfaff. Accuracy in diagnosis is not perfect. Accurate history is first necessary and should be recorded when taken. Physical examination is always necessary. Laboratory methods then are taken up. Early diagnosis is indispensible. Cited case of child infected and after running over a year was cured by vaccine administered in two weeks. Laboratory aids prognosis as well as diagnosis. Case cited where pelvic abscess showed colon bacillus which aids future treatment. Gonorrhea is the arch enemy of the human pelvis. Many innocent women become victims and go to the operating table as a future result. More education of laity will help lessen this curse.

Dr. Brayton. Keys maintains effectiveness of gonorrhea lasts two years in female and five years in male. Ninety per cent. of pelvic inflammation is gonorrheal. France has lowest birth rate of any nation.

Dr. Jaeger. Several years ago I stated in this society 25 per cent. of pelvic inflammations were gonorrhea, and it was disputed by our best men. Is there a pure gonorrheal disease? Most cases be-

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come prominent on account of a mixed infection.

Dr. Noble. A field not touched upon is the class of cases which have been treated for various things—digestive disorders, rheumatism, neurasthenia, etc., and not cured. Failure to get proper history is responsible for failure of proper diagnosis. Originally, there was a pelvic inflammation from which resulted a more or less general adhesion of abdominal and pelvic viscera. All intestinal functions being impaired, the patient becomes a nervous wreck.

Dr. Kimberlin. A correct and early diagnosis is more and more impressed upon me. Many cases of pelvic inflammation are infected young. The general practitioner must be on his guard. The psychic element is present in so many cases and must be watched for. The neurologist finally gets a large per cent. of such cases.

Dr. Sterne. Patients handed from doctor to doctor become subjects for neurologists. They become skeptical, doubting, and it is easy to see why one's mind becomes diverted. Too many cases are not diagnosed at all. Do not rely on any one thing in diagnosis.

Dr. Shimer. Many specimens are not properly taken. Not enough care taken in finding cause of these cases. We blame gonorrhea too much. Our technique is faulty and women suffer thereby.

Dr. Bernays Kennedy. There is too much curetting. The practice of midwife and practitioners show equal number deaths in obstetrics. The practitioner is more careful and would have lower mortality if he would let the curette alone.

Dr. Schweitzer. Closing. Complement fixation test for gonorrhea became satisfactory after tried long enough to perfect technique. History of cases is important. X-ray seems to not be used to a very great advantage in these cases.

Dr. Brayton showed a specimen of foreign body recently removed by Dr. Charlton from a bladder.

Dr. Alburger reported an autopsy on a man brought to City Hospital diagnosed as cerebral hemorrhage. Epidemic cerebral meningitis was found to be cause of death.

The President announced the Committee on Permanent Home as follows: Dr. A. B. Graham, chairman; Dr. Goethe Link, Dr. R. O. McAlexander, Dr. John Kolmer, Dr. O. G. Pfaff, Dr. Frank Wynn, Dr. H. A. Jacobs, Dr. T. C. Kennedy, Dr. R. S. Chappell, Dr. T. V. Keene, Dr. E. D. Clark, Dr. W. B. Kitchen, Dr. T. G. Dugan, Dr. H. E. Gabe, Dr. C. D. Humes, Dr. David Ross, Dr. H. H. Wheeler, Dr. O. N. Torian, Dr. S. J. Hatfield, Dr. E. de W. Wales.

March 17, 1914.

The following resolution, introduced by Severance Burrage, carried unanimously: Be it resolved by the Indianapolis Medical Society that we indorse the efforts of the Marion County Association for the Study and Prevention of Tuberculosis to obtain a Marion County Tuberculosis Hospital under the provisions of an act passed at the last session of the Indiana General Assembly.

Program.

Technique for Making Coverslip Preparations from Urine, by Dr. W. T. S. Dodds.

Fill the centrifuge tubes with urine, add a saturated sodium carbonate solution to an alkaline reaction, place in the centrifuge as soon as precipitate begins to form, and centrifuge at the rate of 15 to 30 revolutions a second for 20 minutes. When the precipitate is all thrown down, decant all the clear fluid. Fill up the tube with distilled water and then add enough acetic acid to dissolve all the precipitate. Centrifuge again at the same rate until you have thrown down all the flocculency. This last precipitate which is washed can be put on a cover slip, and fixed in usual manner. The urates and uric acid crystals which are thrown down in ordinary centrifugal specimens disturb the fixing of the bacteria and cells upon the cover slip and it is necessary to eradicate this difficulty. Consequently we have used alkaline solution to dissolve them and it serves the purpose well. It dissolves these crystals

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which are insoluble in water or alcohol and forms a precipitate of phosphates and carbonates which carry down in the process of centrifugalization the bacteria and cells for examination. The acetic acid dissolves the phosphates and carbonates and after centrifuging you have left the bacterial and cellular elements which are easily fixed in the usual manner. The question of differentiation by staining is not affected, whatsoever and we are still compelled to use ordinary staining technique and judgment in determining the bacterial and cellular elements found. This technique delivers more bacteriological and more pathological tissue to the cover slip than any other which we have used.

Report of cases: Pituitary Extract in Obstetrics. Dr. J. W. Carmack.

The five most interesting of a series of 38 cases were reported, in which pituitary extract was used before labor was completed.

The conclusions were:

1st. Pituitary extract is a valuable addition to the obstretric bag of any one who will use judgment in its administration.

2nd. It is of most value as a stimulant to uterine contraction after delivery. Preventing hemorrhage, a prolonged uterine discharge, and most important to my mind, a heavy partially contracted uterus which persists so frequently. This result was the most constant one noted in these cases.

3rd. In case of uterine inertia there is little recourse other than to forceps or Caesarian section and with the gratifying results obtained it seems that pituitary extract must be recognized as invaluable here.

4th. In prolonged labor due to a slightly contracted pelvis, a large child or the less serious malpositions, if given after cervical dilatation is complete or nearly so, it will certainly prevent the use of forceps a great many times and do the work with less damage.

5th. As pituitary extract causes a decided rise in blood pressure, it must be given cautiously if at all in renal or cardiac complications.

6th. A muscular stimulant as powerful as this can cause a laceration of any degree even a rupture of the uterus.

7th. Careful examinations before and during labor must be made in order to use this preparation intelligently.

Paper: "The Several Air Sinuses of the Base of the Skull and Their Relation to Local and General Disease," Dr. John F. Barnhill.

Dr. Barnhill demonstrated by means of lantern slides of sections of the skull, most of them original, showing the great extent of these sinuses and their intimate relation to the structures at the base of the brain. By means of dissections, photographs and the use of millimeter paper for the purpose of computing the comparative area of the sinuses exposed to intimate contact with the dura mater, it was thereby demonstrated that in some skulls the frontal and ethmoidal sinuses lie in almost immediate contact with the dura, in the anterior cranial fossa, in more than two-thirds of its entire extent. In the middle fossa the underlying air spaces occupied an area of five to seven, while in the posterior fossa the proportion of cellular area to non-cellular area was one to four. The likelihood of brain complication was pointed out should sinus infection take place in such an individual. The frequency of sinus infection and resulting brain involvement was shown by statistics. Slides were further shown giving the very intimate relation of some of the basilar air spaces to the optic apparatus, and the causes of certain eye affections were objectively demonstrated. The relation of the maxillary sinus to the teeth, and of the sinus and the sphenoid to Meckel's Ganglion and branches of the infra orbital nerve were shown and the effect of infection of this nerve through sinus disease, with resulting neuralgia or "tic," was pointed out. These states of general infection are frequently the result of both acute and latent sinus empyemia was pointed out and emphasized.

Discussion: Dr. Hood.

It is not surprising that the orbit is often implicated in these cases for as

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has been shown so clearly, they almost surround it. The bony wall is not infrequently lacking for a space particularly between ethmoid and orbit. The fundus findings do not help to an early diagnosis because changes here are lacking or insignificant. If the optic nerve is involved, it is usually a retrobulbar neuritis and fundus changes are late in this affection. The orbital signs to be looked for are pain on rotating the eye and on pressing the globe backward, limitation in the action of those muscles which lie near the point of entrance of the infection and offer a degree of exophthalmia. There is one disturbance of vision which is early and does help to a diagnosis; that is central scotoma for red and often for green. This is due to the early effect of the neuritis on the maculo-papular bundle of fibres which supply the region about the macula, and which are most highly organized and sensitive to insult.

Dr. Hutchins: To bring about efficiency in children interest in the air spaces at base of skull has been aroused. They are the source of nasal infection. Low grade infection in these spaces really gives more trouble. Headache, lassitude, lapses of memory and dullness are some of the results. Many psychic cases are the outcome. The toxines are taken up and disseminated by lymphatice. These spaces are closely connected which enables infection to spread easily. When only cervical glands show infection the trouble is local.

Dr. Earp: The essayist has shown the cozy corner of obscure infection. Among many other diseases rheumatism can be traced to infection of the spaces around base of skull.

Dr. Dodds: Method of preparing coverslip smears from urine is the best I've seen. In regard to Dr. Carmack's paper. Nearly all journals report the use of pituitary extract. It should not be given in cardiac and renal diseases. Physical and urine examinations must be made.

Dr. Earp.

It seems to be the general opinion that pituitrin is not serviceable in premature cases and it cannot supplant ergot in uterine hemorrhage. It may, however, so sensitize the uterus that possibly such an agent may be more efficient. Certain heart lesions we know do not mitigate against labor, but yet if they exist pituitrin is probably contraindicated.

Dr. Jaeger: Pituitary extract is a great aid in obstetrics if properly used. Should never be used except in full dilatation. Neither should it nor ergot be used in third stage. Doctors become too impatient and use too radical means.

Dr. Cunningham: Cited a case in which there was long and tedious labor, and after resting patient with morphine pituitary extract was administered uterus contracted so vigorously as to appear dangerous. Delivery was soon over and patient did well for ten days. Owing to some family disturbance there suddenly appeared a severe hemorrhage which seemed as if it would result fatally. Was extreme overwork of the uterus ten days before responsible for this condition?

Dr. Jackson: The field is already narrowing the use of pituitrin. A case was reported in which the uterus was ruptured. Cervix should be soft and offer little or no resistance. Should not be used except as delivery is to be immediately. Second stage and immediate delivery will be the field, I think.

March 24, 1914.

PROGRAM.

Case report: Appendicitis simulating gastric ulcer. Dr. Paul F. Martin.

Case of J. D., 25, motor car tester, single, usual diseases of childhood, no other illnesses, denies venereal history.

Present complaint. Chiefly paroxysmal epigastric pain, nausea and vomiting. As a rule symptoms aggravated usually one-half to one hour after taking food. Vomitus contains blood. Three months before admission to hospital laparotomy had been done for gastric ulcer. No causative findings; symptoms failed to subside even persisting with increased severity.

Status Presens. Subjective history confirmed; pain localized in epigastric region; slight abdominal muscular rigidity. Right rectus rigidty not perceptibly prominent. Subjective manifesta-

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tions referable to appendix absent. No abdominal tenderness on palpation over McBurney's point unless pressure of examining hand was combined with contraction of psoas muscle by flexing thigh with leg in extension. Phenomenon suggests retrocaecal position of diseased appendix which was confirmed at operation. Urinalysis negative. Gastric juice analysis normal. Radiographic plates of interest.

Paper: The Diagnosis of Gastric Ulcer. Dr. A. B. Graham.

Gastric symptoms form a considerable proportion of the pathologic states with which every practicing physician has to deal. It is an exceedingly easy task to make an off-hand or snap shot diagnosis, but it is an exceedingly difficult proposition to prove some of these diagnoses. Notwithstanding the progress which has been made in the diagnosis and treatment of gastric lesions and gastric symptoms, we are at the present time passing through a stage of seemingly restlessness, a feeling of unrest as to our diagnostic ability, due wholly to the differences of opinion on the part of the specialist, the general practitioner, and the surgeon. The first and most important factor in the consideration of diseases of the stomach is the making of an accurate anatomical, physiological and etiological diagnosis. It is not the purpose of the writer to assist in the erroneous movement of divorcing gastric lesions and gastric symptoms from the field of internal medicine, to which it rightfully belongs. Important, indeed, is it for one treating gastric lesions or symptoms to be well versed in internal medicine and pathology. It is also true that no one method or procedure is complete in itself, and it is only by the employment of various methods and procedures and the correlating data, that an accurate diagnosis may be made. Radiology should be employed as an aid to, and not a substitute for the ordinary methods of diagnosis. Before undertaking any treatment whatever of any gastric lesion or symptom, the physician should exert every effort and, if possible, ascertain the true etiology. If his examination and investigation, no matter how carefully and thoroughly made, are confined to the stomach itself, he will not infrequently overlook the real causative factor of the gastric pathology. If he is content to limit his investigation to the stomach, believing that the gastric symptoms are due to a primary gastric pathology he will meet with failures in no small percentage of cases. To this end the first requisite in all cases of indigestion is to realize that we have to do with a patient, not merely with a stomach.

Discussion.

Dr. Hadley: The diagnosis of gastric lesions has not been written about much. Literature shows this to be true. Surgeons often lay too little stress on diagnosis before operation. Cited case operated on very slight examination with no positive diagnosis. Dr. Graham's paper certainly will induce one to make a more careful attempt to make a definite diagnosis.

Dr. Noble: Gastric symptoms in scope should be associated with headache, constipation and epilepsy. The position of stomach, subject to change of specific gravity, an organ which receives myriads of insults and is associated with all the changes of all other systems of the body and many other things tell us this organ is a very dependable one. To make a gastric diagnosis one must know chemistry, the eye, the kidneys, and the nervous system. Relative to exploratory laparotomy it is often difficult to make a diagnosis even with one's hand on the diseased organ. There is good reason for perhaps most explorations. A good surgeon can not know enough in the various fields to be a good diagnostitian.

Dr. Sowders: Importance of a general survey in making a diagnosis in gastric lesions has been emphasized by Dr. Graham. In studying the stomach one must consider the circulatory and nervous systems, the kidneys, liver and intestines. I believe it is not necessary to call a surgeon for a diagnosis. The specialist and practitioner are the ones

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to make it. The general practitioner is not careful, is too dependable and should do more of this work looking toward a diagnosis. There should be a closer relation between the general practitioner and the surgeon. Exploratory operation should be advised after all other means have been exhausted. We ourselves are to blame for many patients falling into hands of Christian Scientists.

Dr. Link: Dr. Graham's paper is timely and I should like for the essayist to tell us more in detail about the hyperchlorhydrias and achylias. More team work and more effort to fasten a definite diagnosis in stomach lesions is hoped for in future.

Dr. O. G. Pfaff: The paper seems to cover the question of a general diagnosis. The symptoms of gastric lesions may be in evidence with no stomach trouble at all. We must not overlook referred pain. Cancer of breast causes atrophy of stomach. A prolapsed ovary may produce symptoms of gastric ulcer. Cited case of three different diagnoses: namely, appendicitis, cholelithiasis and gastric ulcer. An operation showed a belly full of blood from ectopic gestation. An incision as a working basis is not an exploratory operation, if there is present a general condition.

Dr. Cole: There have been great advances in X-ray studies. It is becoming a great aid in diagnosis. Dr. Carmen, of Rochester, has raised positive diagnosis in gastric cancer from 60 to 96 per cent. X-ray has been put third in diagnosis value in cancer. Carelessness in diagnosis is not practiced in Indianapolis only. It reaches to London to my knowledge. We are getting more team work and need it.

Dr. Sterne: As routine practice our profession does not study its cases. Too little time is given. Everything should be known that is possible before operating. More can be found out before operation than is sometimes done. Abdominal contents should be handled with tenderness. Cited case to be operated for duodenal ulcer who proved to have a central nervous lesion from an old lues.

Dr. Graham closed the discussion.

DR. W. C. BRAISTED SUCCEEDS DR. CHARLES F. STOKES AS SURGEON-GENERAL OF THE NAVY.

February 7, in accordance with his policy of making appointments for one term of four years, Secretary Daniels sent the name of Medical Inspector William C. Braisted to the Senate to succeed Dr. Charles F. Stokes as Surgeon-General of the Navy. Secretary Daniels said further, in a tribute in which we join, "Dr. Stokes has completed a four-year term of able administration, during which he has effected many important and beneficial changes; he has brought the bureau of medicine and surgery, the naval hospitals, and ships' medical department to a high standard of efficiency. The Secretary has the highest opinion of the ability and splendid service rendered by the retiring Surgeon-General. Under his administration important reforms have been inaugurated. Never has the standing or reputation of the medical corps of the Navy been so high as it has reached under the administration of Dr. Stokes." The new Surgeon-General was born in Ohio, Oct. 9, 1864, and entered the Navy as an assistant surgeon in 1890. He was recently promoted to his present rank of medical inspector and has been serving as fleet surgeon of the Atlantic fleet.

DOCTORS HOLD MEETING AT CITY HOSPITAL.

The members of the Indianapolis Medical Society were the guests of Dr. J. W. Sluss, superintendent of the City Hospital, March 31. The meeting was held in the large ampitheater and the attendance was more than usual.

The program consisted of the presentation of cases as follows: Elephantiasis of the Scrotum, Dr. F. R. Charlton; Spinal Salvarsan, Dr. F. C. Neu; Aortic Lesions, With Particular Reference to Regurgitation and Stenosis, Dr. S. E. Earp; New Instruments and Operation for Adenoids, Dr. Lafayette Page.

Quite a number of the members accepted an invitation to examine the pa-

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tients presented after they had been taken to the wards. The last number on the program consisted of refreshments and cigars, which was also enjoyable.

Occasionally throughout the year sessions of the society have been held at the City Hospital, Central Indiana Hospital for the Insane, and the Eli Lilly plant, all of which have proved interesting and instructive. The regular meetings of the society are held at the Washington Hotel each Tuesday at 8:15 p. m. Dr. Thomas Eastman is president and Dr. Alfred Henry, secretary.

SOME ANNIVERSARY DATES FOR APRIL.

The north pole was reached by Commander Robert E. Peary April 6, 1909. Lee Surrendered at Appomattox April 9, 1865; Ft. Sumter was fired on April 12, 1861; Thomas Jefferson was born April 13, 1743; Abraham Lincoln was assassinated April 14, 1865; earthquake and great fire at San Francisco April 18-19, 1906; battles of Lexington and Concord, April 19, 1775; Shakespeare was born April 22, 1564; General Grant was born April 27, 1822; Washington was inaugurated first President April 30, 1789; capture of Island No. 10 by Union forces April 8, 1862; Battle of Pittsburg Landing, Grant Union commander, General Sidney Johnson killed. Union loss 13,513, Confederate 10,699, April 6-7, 1862; Commencement of Revolution, Battle of Lexington, April 19, 1775; Independence acknowledged by Holland, April 19, 1782; Death of Benjamin Franklin, April 17, 1790.

DR. JOHN A. SUTCLIFFE A PRIZE WINNER BY PICKING LORD DEWEY.

Some months ago an article appeared in the Indianapolis Medical Journal concerning the hobbies of about two hundred physicians in this locality and particular attention was called to the great interest Dr. John A Sutcliffe had shown in thoroughbred horses. It now seems as if "We wrote even wiser than we knew."

The Western Horseman offered a substantial prize to the person who would answer satisfactorily to a board of competent judges the following question: "What stallion would you breed to Tenara?"

Dr. John A Sutcliffe, of Indianapolis, was one of forty-eight contestants and in a contribution of one thousand words he gave five reasons for arriving at his conclusion, which was as follows, using his words:

"Taking carefully into consideration the blood lines of Tenara, 2:05¾, I would, in this particular case, select for her mate Lord Dewey, 2:03¾. With such a lineage all avenues of escape are closed, and the progeny must trot."

The first prize was awarded to Dr. Sutcliffe, the second to M. E. McHaffie, of Coatesville, and the third to James Hazelton, of Frankfort. The answers in full of all contestants will appear in the Western Horseman.

DR. JOHN D. STEWART "CALLS TIME" ON AN EDITOR.

Dr. John D. Stewart, of Indianapolis, husband of Olga Petrova, became incensed at the treatment accorded his wife in the columns of the New York Telegraph and decided to put a quietus on the editor, Rennald Wolf. It seems that on March 28, the editor received more than a tongue-lashing at the hands of Dr. Stewart. Some are prone to believe that this is another means of advertising, but those who know the doctor are positive that it is otherwise. Dr. Stewart is one of those polished gentlemen who, when necessary, can recognize an injury and with all earnestness will resent it. The following is the version given by the doctor:

"First, I made some inquiries about the man, and I ascertained from people who knew him, one of them a classmate of his at Cornell, that he was regarded by many as a cad even in his college days.

"Late Wednesday afternoon I called up the Morning Telegraph on the telephone and asked if Mr. Wolf was in. I ascer-

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tained that he was in the office and would be there until 6 o'clock.

"I jumped into a taxicab and rode around to the Telegraph office and sent in word that Dr. Stewart would like to see Mr. Wolf.

"I was ushered into a bare waiting room, and presently the door opened and a rather undersized stout man, in his shirtsleeves, entered. He was partially bald and had a somewhat sharp-pointed long nose. I asked:

"'Are you Mr. Wolf?'

"He said 'Yes.'

"Then I grabbed him by the shoulder and pushed him back against the wall and said, among other things:

"'I am here to tell you that if you ever mention the name of my wife, Mme. Petrova, in the Telegraph again I will knock your head off.'

"He turned pale and cowered against the wall. He said nothing and made no attempt to strike me. Then I let go of him and walked out of the office."

NEWS ITEMS.

Dr. G. D. Miller, of Logansport, has recovered from four weeks of lobar pneumonia.

Dr. Appleton F. Wright, of Taylorsville, Ind., was the guest of Dr. J. A. Sutcliffe in March.

Dr. Stewart Slocum, of Fortville, was a visitor in Indianapolis March 20, and for some days after at the Scottish Rite.

The recently appointed pension board at Greencastle consists of G. W. Bence, president; Eugene Hawkins, secretary, and J. M. King treasurer.

Dr. Jonathan P. Worrell, of Terre Haute, atteded the meeting of the Indianapolis Medical Society held at the City Hospital March 31st.

Helen Hyland, formerly a member of the official staff of nurses at the City Hospital, has taken service with the Jefferson Park Hospital, Chicago.

Dr. Silvia Pearl Garner, wife of Dr. William Garner, died at her home, 2927 East Tenth street, March 31. The body was cremated. Dr. Garner, whose death was caused by pulmonary tuberculosis, was a graduate of the Indiana University School of Medicine. She and her husband spent two years in Europe after her graduation. She was a member of the Nu Sigma Phi Sorority. Besides her husband, she is survived by a son, William Stanly Garner, 16 months old.

Drs. W. L. Thompson and P. Magenheimer, of Mooresville; Fred Tucker, of Noblesville; Stewart Slocum, of Fortville; S. C. Norris, M. A. Austin and Lee Hunt, of Anderson, and L. O. Carson and W. B. McDonald, of New Augusta, were Shrine visitors in Indianapolis March 24, There were perhaps others who escaped our notice when our eyes were riveted on the "Milky Way." There was a large delegation of doctors from Indianapolis at the Shrine ceremonial.

Commencing April 20 the pupils of the Indianapolis public schools will enter a contest for fly swatting. The flies will be received at Manual High School each Saturday. Forty pupil inspectors will be appointed to assist the city board of health in wiping out breeding places. The prizes aggregate $265. The judges are Mayor Jos. Bell, Drs. J. N. Hurty, H. G. Morgan and J. G. Collicott.

Dr. E. J. Brennan has moved his office from 438 North Capitol avenue to suite 501 Hume-Mansur building. He has been appointed to take Dr. W. H. Foreman's service at the City Hospital for April, May and June. Dr. Foreman is doing some special work in pathology.

The appropriation for the improvement of the Fayette County Infirmary at Connersville is $7,000. Dr. J. N. Hurty, Health Commissioner, has decided that the amount is insufficient.

At a recent meeting of the Tri-State Medical Society of the Carolinas and Virginia, Dr. E. C. Register, who has been

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editor of the well-known Charlotte Medical Journal for twenty-five years, was elected president.

The coupe of Dr. J. G. Nehrbas was wrecked in a collision with another machine, March 29. The physician was seriously injured, but will recover, it is said.

Dr. Leonidas V. Winston, age 69, died at Knightstown, April 1, of broncho-pneumonia. Dr. Winston graduated from the Bellevue Hospital Medical College in 1866.

The authorities and nurses of the Protestant Deaconess Hospital intend publishing a periodical in the interest of the nursing school. It should be well patronized.

An invitation extended for the Chamber of Commerce by Dr. A. R. Keller, asking that the Mississippi Valley Suffrage Association meet in Indianapolis in 1915, has been accepted. Louisville and New Orleans asked for the conference.

Word from Jeffersonville indicates that the doctors in that locality are taking some interest in politics. The Bull Moose of Borden are planning to name Dr. Bodine Stalker, district chairman, for the office of trustee of Wood township. He and his father have been physicians in Borden fifty years. The Democrats have named a physician, Dr. William A. Hall. The Republicans have named Dr. Frank Johnson, in Utica township, and one or two more doctors are probable candidates.

On April 2, Mrs. Mary C. Thompson, widow of Dr. William C. Thompson, celebrated her ninety-third birthday at her residence in Indianapolis. She was born at Vernon, Ind., five years after Indiana was admitted to the Union. Mrs. Thompson was married to Dr. Thompson in 1837, and they lived together more than sixty years. He died seventeen years ago. Until the terminal station was built Mrs. Thompson lived on the site where it now stands. Dr. Thompson was once State Senator and for many years one of the leading physicians in Indianapolis and was known to all the older people. On leaving their Ohio street home she went to live at 1708 North Pennsylvania street.

WHISKY THE CAUSE OF POVERTY.

It is this same "heavenly dew"—whose Erse name, usquebaugh, we have pronounced "whisky"—that, more than anything else, has held back the Irish in America. The Irishman is no more a craver of alcohol than other men, but his sociability betrays him to that beverage which is the seal of good fellowship. He does not sit down alone with a bottle, as the Scandinavian will do, nor get his friends round a table and quaff lager, as the German does. No "Dutch treat" for him. He drinks spirits in public, and, after a dram or two, his convivial nature requires that every stranger in the room shall seal friendship in a glass with him. His temperament, too, makes liquor a snare to him. Where another drinker becomes mellow or silent or sodden, the Celt becomes quarrelsome and foolish.—From "The Celtic Tide" by Prof. E. A. Ross in the April Century.

TO PREPARE A PLACE FOR THEM.

Centerville, N. J., June 1.—With these words Rev. Mr. Hahn took leave of his little flock here:

"Brothers and sisters, I come to say goodbye. I don't think God loves this church, because none of you ever die. I don't think you love each other, because none of you marry. I don't think you love me, because you haven't paid my salary. Your donations are modly fruit and wormy apples, and by their fruits ye shall know them.

"Brothers, I am going to a better place. I have been called to be chaplain of a penitentiary. I go to prepare a place for you, that where I am there ye may be also. May the Lord have mercy on your souls. Goodbye."

(We print the above old joke every four years.—Editor.)

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BOOK AND JOURNAL REVIEWS.

Disease and Deformities of the Foot. By John Joseph Nutt, B. C., M. D., Surgeon in Chief, New York State Hospital for the Cure of Crippled and Deformed Children; Surgeon, Sea Breeze Hospital, etc., etc. E. B. Treat & Co., New York. Price $2.75.

This valuable work is designed by the author for the use of the general practitioner rather than the specialist. It makes plain many of the indications and methods of treatment in this important branch of surgery, which so often are misunderstood, except by those specially skilled in orthopedic work. Text-books upon this subject are too voluminous for the general practitioner. He can not wade through them to get what he wants; consequently, he does not make the effort, and either lets the case go by default or refers it to some one else.

This course is not always satisfactory. In this book the general practitioner has exactly what he needs, and what he has been looking for. It is plain, practical and to the point.

It sets forth how many of the common deformities, in their incipiency, may be corrected by suitable efficient treatment which the physician may safely employ. In fact, in many instances the doctor can not shift the responsibility. He must devise means to correct the existing tendency to deformity or the patient will be damaged through neglect. The old adage, "that as the twig is bent so the tree inclines," never applied more aptly than it does to the soft and tender feet of the infant. They may be trained to grow in almost any direction. The author considers in a very thorough and instructive way the anatomy and physiology of the bones, ligaments, tendons, muscles, nerves, and blood supply of the foot. He shows how these structures are associated in the movements and distribution of the weight of the body; and how when this balance is disturbed that deformity results.

He offers the newest and best methods, and the latest devices for correcting these deformities; many of the latter being of his own design. He dwells at length upon congenital defects, their cause and treatment, and outlines the methods which may bring about successful results, in many instances, without resort to operative procedures. He defines the time, indications, and methods to be employed where operations are to be made. The book is of good type, beautifully illustrated, and up to date in every particular. It is a work which will be well received by the profession at large. The article on the medical treatment of corns, chilblains, ingrowing toe nail, excessive sweating, and foot apparel are worth more than the price of the book. This book is a valuable contribution to the subject of diseases and deformities of the foot, and needs only to be studied to be appreciated.

J. A. SUTCLIFFE.

Muller's Serodiagnostic Methods. Translation from the third German edition, by Ross C. Whitman, B. A., M. D. 114 pages. J. B. Lippincott & Company, Philadelphia. 1913. Price not stated—about $1.50.

On the cover the author. Paul Th. Muller, states: 'The chief emphasis has been laid on making the description of the various methods as exact as possible, and especially on giving a complete and detailed list of the reagents and apparatus required for each test."

This extract gives a clue to the methods pursued throughout the book. The book contains some additions by the translator, bringing it practically down to date. The illustrations are few, but serve admirably to elucidate the text.

The contents in divisions relate to Methods of Injecting Animals: Obtaining blood from animals; obtaining small amounts of human blood as well as larger amounts; preservation of sera. To diagnostic methods—Precipitant reactions; flocculent-forming reactions; glutinous reactions, and bactericidal reactions. Cytolitic and antihemolytic reac-

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tions (complements deviation tests occupy eleven pages), determination of antibodies in serum, cerebro-spinal fluid or tissues of patient. This also covers syphilis, cancer, gonorrhea and tuberculosis. Cobra venom reactions, antifermentative reactions and phagocytic reactions, are included in the last thirty-three pages of the book.

The book throughout is one which covers the technical details in a manner admirable for the beginner ,and presents some interesting conditions for those familiar with serum diagnosis. The necessary apparatus, ingredients and methods are covered, and the book abounds with citations from many of the original articles. The serum diagnosis of syphilis with cytolitic reactions occupies about one-fourth of the book—an evidence of the importance of their status—and presents the following methods:

Method of Wassermann-Meier, Berlin Method; Method of Taege, Breslau Method; Method of Hoehne, Frankfort Method; Simplified and Improved Method of Stern; Breslau Method; Simplified Method of Bauer; Simplified Method of Tschernoguboff, and Method of Landsteiner, Potzl, and Muller.

The reactions are carefully described, and the necessary controls for each are clearly stated.

The original method of Wassermann in which a salt solution syphilitic fetus liver antigen was used, is recommended, and method of its preparation fully described.

On page 89 we note Wechselmann's method for removal of the 'complementoids" by adding .9 c. c. of the inactivated patient's serum and 3 c. c. of salt solution, to 6 c. c. of an approximately seven per cent. suspension of freshly precipitated barium sulphate; incubate one hour at 37, and clarify by repeated centrifugalization; 1 c. c. of the centrifugate representing .2 of the serum to be used in the test.

No mention is made of the method described in Lerrede and Rubenstein's article, the translation of which appeared in the Laboratory News of December, 1913. This method is described as the desensibilization of sera to remove the natural anti sheep hemolytic ambocepter found frequently in human serum, and is made as follows:

To one and two-tenths c. c. of inactivated serum is added five-tenths c. c. of five per cent. suspension of washed sheep cells, and shaken; place in the ice chest thirty seconds, and centrifuge under high speed. Pour off the clear supernatent serum. The straight Wassermann is than carried out.

Under the improved method of Stern we note the preparation of the antigen as an alcoholic extract. In the simplified method of Bauer we also find an alcoholic extract, and make note of the fact that the normal (individual) ambocepter for sheep cells present in the human serum tested serves as a hemolytic agent. Specific anti-human ambocepter is thus not required.

In the simplified method of Tschernoguboff we find the necessary reagents are, first, antihuman hemolytic immune serum derived from a rabbit; second, alcoholic antigen, and third, the patient's blood which serves at once as the complement, red cell emulsion and as antihemolytic body. The technique is fully described.

Note is made of the fact that while the various methods of making the complement deviation test described above have, in part, already justified themselves to an extraordinary degree, normal liver extract as antigen has been used and in consequence thereof the "theoretic basis on which the reaction rests has become doubtful."

It is of interest to note in the translator's preface the statement that, "The Noguchi modification of the Wassermann reaction has been omitted, at the request of its author." No explanation is offered for this.

Abderhalden's Improved Method for the Diagnosis of Pregnancy is given in detail, as well as Moro's Alexin Test.

The book as a whole is of great interest to serologists especially as it gives principles, applications, apparatus and technique in a clear, concise manner, and to one familiar with sero-diagnostic methods presents the known facts in a man-

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ner easily reviewed. The book is full of meat, covers the subjects concisely and precisely, and while not a system work such as Kolle and Wassermann, is a valuable addition to the literature of the subject.

BERNARD ERDMAN.

The Practitioner's Visiting List for 1914. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The weekly, monthly, and 30-patient perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-patient perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil with rubber, and calendar for two years. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea & Febiger, publishers, Philadelphia and New York.

The time is near at hand when the medical graduate will commence the active life work of his profession. I trust that those who may read this review will accept the advice of one who has had many years of experience. It is that there is no method of more importance than to keep an accurate record and commence at the outset. Cheap blank books or prescription blanks will not answer the purpose. The necessity may not be realized until later years when facts wanted relative to practice can not be obtained. Some of these may relate to a birth, the treatment of a pensioner, or perhaps a period of sickness may have been parallel with some other incident in which large sums of money are envolved. Keep accurate accounts and the future will not bring regret. We have all had some experience either of the pro or con nature. Recently a sheriff from Illinois desired to establish some facts relative to a young man alleged to have been born in my presence in 1883. Had it not been that I have kept a complete file of visiting lists I could not have given an accurate reply. There are quite a number of good visiting lists published by reliable firms. The one before me is from the house of Lea & Febiger and is in its thirtieth year of issue. There are several styles of it, one a weekly dated for thirty patients, a monthly for 120 patients per month and another that is known as the perpetual.

It contains, among other valuable information, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business. This one is a weekly list but for my own use I prefer a monthly edition. S. E. E.

The Clinics of John B. Murphy, M. D. at Mercy Hospital, Chicago. Volume III, Number 1. Octavo of 190 pages, 91 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Published bi-monthly. Price per year: Paper, $8.00. Cloth, $12.00.

This number of The Clinics teems with very practical information relating chiefly to bone surgery. Dr Murphy's method of arthroplasty in hip joint ankylosis is described in such a manner as to impress one with its real value. The essential steps are shown as depicted in the Lyon Chirurgical for September, 1913, by Drs. Guillott and Dehelly. A U-shaped flap is cut and turned upward exposing the trochanter major. The trochanter with its attached muscles is sawed off and held up out of the way. The tendons of the pyriformis and obturator externus muscles are temporarily divided. The capsule of the joint being now exposed is divided by a circular incision and with a large curved chisel the head of the femur is removed from the acetabulum. The head of the femur is now shaped with the Murphy concave end mill. The Murphy reamer is then used to cup out

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the acetabulum. A fat and fascia flap is now dissected free from the under surface of the skin flap and sutured over the acetabulum with chromicized catgut. The head of the femur is then replaced upon this flap, after which the detached trochanter is nailed back in place and the cut ends of the pyriformis and obturator externus muscles are reunited.

The February number is embellished with a large picture of Dr. Murphy's clinic taken during the last meeting of the Congress of Surgeons. In the foreground we recognize Sir Rickman Godlee, Sir Arbuthot M. Lane, and Mr. Patterson of London, Drs. George Emerson Brewer and Bransford Lewis are also seen in the 'pit." Taking it by the large, we believe there is no more important surgical periodical in publication than the clinics of John B. Murphy.

J. R. EASTMAN.

Fletcherism. What it is; How I became a young man at sixty. By Horace Fletcher, A. M. Fellow of the American Association for the Advancement of Science. New York. Frederick A. Stokes Co. Publishers. Printed Sept. 1913.

This volume is a compact statement of the gospel of Fletcher; how he recovered his health at the age of 60, how scientific experiments established the validity of his methods, and how they can be applied with no heroic sacrifice of the enjoyments of life or irksome adherence to faddy or inconvenient routine. While the other Fletcher books treat the subjects at greater length, and are devoted to the different aspects of Mr. Fletcher's beliefs and investigations, this is a summary of the main points, and furnishes the latest information on a most important matter. Pages 220. Price $1.00. This is an excellent book—a summary of half a dozen which have preceded it, and of which over 120,000 have been sold. It is readable; it is true in its subject matter and deductions. To follow its course would put Arbuthot Lane's surgery out of commission, valuable and wonderful as it is. Fletcher precents. Lane repairs the little that is left to repair. Eating should be one of the joys of life, as Ware indicated in his "Utopia" (which means "nowhere" as there is no place where there is an ideal physical political and social life).

Certainly the dining hours with our families and friends should be nearly ideal, only broken by conversation, music, reading or even the tango if it would prolong the hour. Good cooking and slow eating will certainly tend to economize and lengthen days. The writer of the approving note never knew that he had a stomach except by hearsay, and even now is a light eater, but last at the table and takes a half hour to dine.

A. W. B.

Applied Bacteriology for Nurses. By Charles F. Bolduan, M. D., assistant to the General Medical Officer, Department of Health, City of New York, and Marie Grund, M. D., Bacteriologist, Department of Health, City of New York. 12mo. of 166 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1913. Cloth, $1.25 net.

Bacteriology dominates so large a part of nursing that a correct understanding of the more important principles is indispensable. The work deals with the character, methods of study, cultivation and preparation of stained smears. Disinfectants, sterilization, the relation of bacteria to disease, the transmission of infectious diseases and immunity are considered under the subject of general bacteriology. The chapters on special bacteriology are interestingly presented—the infectious and contagious diseases; bacteriology of milk, animal parisites, the practice of disinfection and the methods of collecting material for examination.

A. W. B.

Gould and Pyle's Pocket Cyclopedia of Medicine and Surgery, based upon the second edition of Gould and Pyle's Cyclopedia of practical medicine and surgery, second edition revised, enlarged and edited by R. J. E. Scott, M. A., B. C. L., M. D., New York. P. Blakiston's Son and Co., 1012 Walnut Street, 1913. Price, $1.00 net.

This is a trustworthy reference man-

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ual for students in general medicine and surgery. Quite frequently immediate information is sought and this book will admirably answer the purpose. It contains a condensed description of all disorders whether medical or surgical. We find concisely given the etiology, symptoms and diagnosis. Very frequently the treatment may be found. The material which is of a standard character is well selected and although necessarily brief, is sufficient in detail to meet the requirements of student and practitioner.

The Diseases of Children. By Henry Enos Tuley, M. D. With 106 engravings and 3 colored plates. Second Revised Edition. St. Louis, C. V. Mosby Co. 1913.

This book has been written for the general practitioner and the student but it will not be harmful to the specialist. The author draws from an extended experience of his own and furnishes information that is accurate. It is pleasing to note how carefully the subject of infant feeding is treated. Milk and that which relates to it are given in detail. Method is prominent in the consideration of the various diseases and tried formulae are given in the discussion of dietetic hygienic management and medicinal treatment. We find chapters on diseases of the eye, ear, nose, throat and skin. The reproduction of temperature charts together with data and statistics are an aid. This book throughout is commendable. S. E. E.

MODERN ART IN THE APRIL CENTURY.

Increasing numbers of Americans are interested in painting; the love of art is no longer confined to a few. The present revolution that is going on in the art world bewilders and distresses a great many people who heretofore have got enjoyment from pictures without being shocked and startled. The Century Magazine is performing a public service in attempting to sum up the present situation in the art world, and to explain the whole sensational movement. As it is the editor's opinion that no one person is capable of a thorough and judicious analysis of this kind, he has gathered about him in this project a group of men of eminence, each with an entirely different point of view.

The April Century contains articles by these men with more than fifty illustrations, two of which are in full color John W. Alexander, president of the National Academy of Design, answers the question, "Is Our Art Distinctly American?" Edwin H. Blashfield, president of the Society of Mural Painters, describes "The Painting of To-day" while "The Painting of Tomorrow" is commented upon by Ernest L. Blumenschein. Walter Pach, himself a post-impressionist, gives "The Point of View of the 'Modern'". Jay Hambidge and his son, Gove Hambidge, present some curious discoveries in a paper on "The Ancestry of Cubism." The whole collection of articles is brought together under a general heading, "The Transitional Age in Art."

CELESTIAL REPARTEE.

A City Hall employee sends the story of an office-holder who was one of a party that attended the funeral of a Chinaman on a recent Sunday. He took a great deal of interest in the queer services at the grave and noticed that, among other things, a roasted duck was left there by the departing mourners. Calling one of the "Chinks" aside, he asked: "Why did you leave that duck on the grave? Did you think the dead man will come and eat it?" "Yeppe," replied the Boxer sympathizer, "allee samee as white deadee man come out and smellee flowers."—Philadelphia Times.

AN EYE AND EAR INSTRUMENT.

"What is a stethoscope and what is it used for?" asked the professor of the class in anatomy.

"The stethoscope," answered the pupil at the pedal extremity of the class, "is a sort of microscope used by a doctor for the purpose of looking into the chest of a patient with his ear."

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INDIANAPOLIS MEDICAL JOURNAL

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ORIGINAL COMMUNICATIONS.

THE PROBLEMS OF NEPHRITIS.

By Walker Schell, M. S., M. D., Terre Haute, Ind.

There are three methods of study of nephritis which have added to the boundaries of our knowledge, i. e., clinical observation, pathological anatomy and experimental pathology, which includes physiological and pathological studies of the functions of the kidney.

The greatest advance of modern times came through Richard Bright in 1827—by his clinical observations of the relation of albuminuria, dropsy and changes in the kidney. About 65 years ago Frericks began his anatomical studies upon the theory that nephritis was a single unit of disease and that nephritis terminated in the granular kidney—end stage.

Weigert's studies ended these erroneous views and he gave us our modern classification based upon pathological anatomy. In other words, his classification and descriptions have stood substantially unchanged in the text book for 35 years. We seemed to have come to a blind wall with the problems of this many-sided disease no nearer solution than they were a generation ago.

For a number of years this problem has been attacked by the so-called experimental method which called to its aid chemistry and physiology. These experiments became all the easier from the fact that certain substances act directly on certain structures of the kidney. The importance of explaining certain prominent symptoms can not be exaggerated, as for example, the source of albumens, edema, anuria, cardial changes and the still deeper and more intricate problem, uremia. The whole subject must be studied in the light of modern methods.

There are two structures fundamental in renal pathology, i. e., the glomerulus and the tubule. It is this dual structure uniting in the common functions of elim-

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ination of a single fluid end products of metabolism. The kidney is an eliminating organ and it contains, with the exception of proteids and dextrose, the same substances as are found in the blood, only they are present in different proportions.

The whole problem then is to study departures from the normal eliminating functions of the kidney and to interpret it by means of the dual structures of glomerulus and tubule. It is hoped in this way not only to clear up some points in pathological physiology but aid the clinician to a better understanding of the task before him. It can better be understand how this will aid us if we attempt to understand the action of diuretics on normal and diseased kidneys, eliminations of water, general urinary ingredients, chlorides, or problems of altered functions.

We must study the nephrotoxic substances by their effects on the dual kidney structure in nephritis. The group affecting the tubular epithelium includes uranium nitrate, chromate of potassium, corrosive sublimate. The glomeruli arsenicum, canthariden, snake venom. Uranium nitrate produces edema and is a tubular poison confining its action especially to the convoluted tubules, causing granular and fatty degenerations. Corrosive sublimate attacks by preference the ascending loops of Henle. Arsenic produces paralysis of capillaries and only slight changes in the vessels with glomeruli exudation. Canthariden causes glomeruli nephritis involving the tufts and spaces. The structure affected is that concerned in the elimination of the substances.

Studies are not carried very far before we come upon the possibility of serious functional disturbances with little alterations to evidence the action of the toxines. At every point in our studies we must use both clinical and experimental evidence in order to comprehend the various observations.

If a child, for example, has a scarlet fever kidney, or a diphtheria kidney, or a kidney from some form of coccus, these may be the starting point of glomeruli fibrosis and the vascular changes of a nephritis which may develop years after the acute attack. This is an old clinical observation which we have all made in numerous cases. The diphtheria toxine acts upon both vessels and epithelium, acting not only on the tufts, but causing lesion of the tubuli contorti and ascending loops of Henle.

Chronic nephritis in man is usually due to long continued action of some unknown toxine which is finally characterized by elimination of albumen and casts with histological changes in the kidney. Experiments with vinylamin produce lesions of the papilla, increase of connective tissue, hypertrophy of left ventricle, retinitis—symptoms often met with in morbus brightii.

The use of irritating substances, potassium chromate, uranium nitrate, produce changes showing that chronic nephritis can result from irritating action, but it seems that no irritant can exactly reproduce acute nephritis as we see it in man, edema, etc. Uranium nitrate can produce in tissues fibrotic changes, polyuria, it acts decidedly on renal epithelium and also can produce vascular changes so that it can also injure the glomurulus, although its primary action is upon the tubule.

The study of disturbances of functions is of vast clinical importance; the relation of function to blood pressure, oncometric studies of the relations of size to blood supply and diuresis and the use of these observations for differential diagnosis of tubular and glomerular disease. The stimuli must be used under substantially similar conditions. Adrenalin to increase blood pressure; phloridzin to cause glycosuria; caffein for diuresis,—Hg. fall of blood pressure, 30 m. m. It is depressor of efferent vessels—blood pressure.

The urine in the early stages of nephritis is practically normal in the several grades of tubular nephritis. Adrenalin acts minimal as a dilator and diuretic. Phloridzin causes no diuresis or glycosuria. Arsenic causes a fall of

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blood pressure because of injury to vessels.

A tubular nephritis causes epithelial destruction—albumen and casts, with slight vascular disturbance, except polyuria. Glomerular nephritis slight albuminuria and few casts, the power of vessels to react greatly changes, inhibition of diureses or anuria.

Thus, by experimentation, is laid a sound basis for differential diagnosis of vascular and tubular nephritis. When we apply the knowledge thus gained to disease, we find the scarlet fever nephritis glomerular lesion; cholera, eclampsia and diphtheria are epithelial or tubular. It is true that lesions, essentially tubular, become vascular as in the case of the action of the diphtheria toxine.

The total nitrogen out-put is greatly diminished in tubular nephritis—as much as 15 per cent. in many cases. Arsenic on the other hand increases the output of nitrogen. There is a depressor substance in the urine of tubular cases due to failure of the epithelium to excrete the toxine. It is in this way that Janeway finds a substantial basis for acute renal inefficiency in tubular cases characterized by hypotension. Edema is a striking symptom of nephritis. Uranium nephritis is accompanied by edema.

Grainger Stewart offers this explanation of hydremeic plethora. Cohnheim the injury to peripheral capillaries to which Senator adds the renal vessels.

There are two groups of cases—hydremic plethora, water retention, and the other the retention of sodium chloride. These two retentions have given rise to a vast literature. Is the salt retention due to lessened permeability of the glomeruli? In any event Na. Cl. is to blame for water retention. The administration of water adds to the edema and the administration of both water and salt increases it still further. Salt without water does not increase the hydrops; salt is not present even in cases of retention in greater proportion than in the blood.

In vascular nephritis the vessels fail to dilate and there is no diuresis from diuretics. This is, of course, the end stage of both forms of nephritis. The vessels react strongly to salt by increase of blood pressure. The flow of urine is not increased. Later, when renal vessels fail to dilate, the peripheral capillaries are so injured that edema develops. The factors then in the production of edema are glomeruli injury—hydremia—salt retention and injury to the peripheral vessels.

Investigators have busied themselves to determine the nature of the toxines which produce vascular lesion, followed by edema. Scarlet fever suggests a toxine which injures the glomerulus. Councilman studied the role of the streptococcus and the pneumococcus. Retention lympho-edema, injuries to the endothelium of the peripheral vessels have been advanced as explanations. This would imply some selective toxine as an agent. These substances acting on the vascular endothelium may be retained. Products of metabolism or some disturbance of various organs with internal secretions.

The problem of uremia—that general condition of renal insufficiency manifested by diminished nitrogen eliminations—often accompanied by vomiting and diarrhea—loss of appetite—is difficult of explanation. There can be no doubt of the influence of the kidney on the metabolism of the body. These disturbances are usually present in nephritis of the tubular types and not in vascular types. These disturbances have been explained by the eliminations into the gastro-intestinal canal of products normally eliminated by the kidneys.

There is the theory of vicarious eliminations annunciated by Von Norden to explain the increase of ammonia and nitrogen in the stools of these patients. Others have suggested that there may be unknown toxic substances of a non-nitrogenous nature responsible for the phenomena which we have all witnessed. Gastro-intestinal symptoms, disorders of circulation and respiration, unconscious-

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ness, convulsions, coma, and last scene of all, death.

It is almost a trite observation that chronic nephritis is characterized by hypertension and cardial hypertrophy, especially of the left ventricle.

Carrel attempted to reproduce conditions of atrophic kidney by ligating branches of the renal artery, others by directly removing the kidney substance; both methods were followed by increase of blood pressure, hypertension, heart-hypertrophy, vascular changes, polyuria with lower specific gravity. This, Loeb explained on the ground of reflex splanchinic construction to aid in the eliminations of water by increased tension in the glomeruli. Most physicians today content themselves with anatomic names as a method of expressing their ideas of nephritis; hence the term parenchymatous and interstitial nephritis.

It is true that in a certain measure the contracted kidney produces a symptom complex which the clinician understands to be typical but in the case of parenchymatous nephritis the clinician does not have the anatomical diagnosis so much for his ideal, so that the pathologist and the clinician misunderstand each other. In atypical nephritis we meet with endless difficulties because of the great variety of symptoms met with in different cases.

Almost all the studies in the past have approached the solution of the problem from the side of the form elements and amount of urinary secretions hoping to find the key to unlock the mysteries of diagnosis by examination of the excretion products.

The Von Norden school has made elaborate quantitative examinations in an endeavor to find a firm basis for all the clinical forms of nephritis. These studies have not been without result but we still have much to learn.

The studies of the urine when one kidney was diseased helped us to an understanding since here we meet with changes in quantities excreted. Two things are thus discovered about the excretions of the diseased kidney, urine more watery, a fixity of concentrations—specific gravity—and that the lability of the sound organ was lost by the diseased one. This fixity is greater in the more severe anatomical alteration of the kidney. This is especially true of one-side disease. The sound kidney sometimes secretes thin and sometimes concentrated urine.

In drawing conclusions, however, we must be exceedingly careful, for the clinicians soon found that highly diseased kidneys, at times, secreted perfectly normal urine and at other times a little altered kidney suffered greatly in the performance of functions, as if to render the situation more difficult, the same histological damage produced great differences of function and also, to still further complicate matters, different anatomical alterations of the kidneys produced identically the same urinary symptoms.

It is a matter of common knowledge to all of us that where we have found at autopsy severe nephritis the urine in life showed normal H_2O—Na. Cl. and high concentration and then this other picture has also confounded us where we were clinically certain of great anatomical alterations only minimal traces or nothing at all was found by the anatomist.

How then can we explain these empyrical clinical findings? Can the work of the diseased kidney be reduced to rule? We reach the conclusion that the post-mortem kidney is not sufficient to explain the functions of the living organ. The study, therefore, of experimental nephritis becomes necessary to an understanding of the kidney functions. In experimental nephritis it was found that there was at first great polyuria, then decline to oliguria and with further damage anuria and that this phenomena follows both chrom and cantharidial nephritis. These functions were performed in the same way when the vessels, when the tubuls and the pyramids were injured so that the solution seemed hopeless since anatomically different changes were exhibiting the same functions.

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These difficulties aided us to a fundamental understanding of the biological functions of a diseased kidney.

The two widely different phenomena, oliguria and anuria, both testify to great damage to the kidney. It was found that where the glomuruli suffered great damage by cantharidin or the tubuli were injured by uranium salts and the glomuruli intact, each condition gave the same oliguria.

In toxic nephritis the polyuria is the evidence of urinary reactions and of injury to the kidney blood vessels. Consideration of the biological function explains experimental polyuria whether the lesion be of the tubuli contorti or the pyramids. It is the irritation of the kidney vessels. Every diuretic stimulation is answered by abnormally profuse diuresis. Even substances which in the normal kidney hardly produce any noticeable reaction, in the sensitive, diseased kidney, produce excessive reaction as diuretica. When poisons begin to produce nephritis we have polyuria and in the end oliguria or anuria.

We have three different manifestations of functions by diseased blood vessels of the kidney. Polyuria, pseudo-normal or normal diuresis, oliguria or anuria. These are manifestations of different biological reaction to poisons. So far as the water elimination is concerned it bears a close relationship to the condition of the blood vessel.

An explanation of the excretions of Na. Cl. is difficult. We have no way to test the functions of the tubuli that is as convincing as our function tests of the blood vessels. There is a certain parallelismus between the destruction of tubuli and the excretion of Na. Cl.

The more severe the damage to the tubuli, the less the capacity of the kidney to eliminate sodium chloride. This incapacity of the kidney is manifest in the face of high concentration of Na. Cl. In cases of greatest damage solutions of Na. Cl. of 0.05% and less are eliminated by the kidney. If then we introduce Na. Cl. intravenously or into the tissues, having previously determined that the vessels are normal in functions, and the Na. Cl. is retained, we have proven that the tubuli are at fault. This proof becomes certain if the pyramids are destroyed by vinylanin, which possesses selective action upon this part of the kidneys.

It is of vast importance to test the functions of the kidney to excrete Na. Cl. It is possible to arrive at conclusions as to the function curve of the tubuli in an analogous way to our experiments upon the vessel and just as we have polyuria, so we have polychloruria as an indication of irritation of the cells of the tubuli. If the vessel is sensitive there follows an abundant discharge of water with little concentration, if the tubuli are deficient in function, the intravenous use of Na. Cl. leaves the urine still thin, only the discharge of water increases enormously. If then the tubuli are maximal destroyed, the kidney can only deal with very weak solutions. The symptoms in common of these different lesions of the two important systems, vessels and tubes, is characterized by fixity of concentrations. We have seen that Na. Cl. added does not change this fixity, i. e., lessened accommodation or variety of function as expressed by urinary finding.

We thus have an important diagnostic key, when the vessels are easily stimulated Na. Cl. is discharged in a highly dilute form and the form elements will be thinned by great quantities of water; if the tubuli are intact Na. Cl. is eliminated but not in concentrated form. If the Na. Cl. is discharged in concentrated solution, then there can not be a high grade of alteration of the tubuli. If the tubuli are irritated then the concentration remains fixed. It is important to test the action of the kidney with sugar of milk and K. I. for purposes of differential diagnosis. Into the problem of the excretions of these substances enters extra-renal influences, such as polyuria in heart cases. The time of elimination is within narrow boundaries. If milk sugar is eliminated in normal time the tubuli alone are destroyed; if the elimi-

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nation of K. I. is longer than normal because of diseased vessels, just the opposite is true. K. I. eliminated in normal time—milk sugar elimination is hindered.

For the determination of the elimination of milk sugar in the urine the Nylander test is insufficient; we must use the polariscope. Clinically, we have long known that oliguria was a sign of considerable destruction of kidney and animal experimentations have shown that the vessels were seriously involved. When the vessels are damaged, milk sugar is slowly eliminated. Anatomically, we find the glomuruli are damaged in scarlet fever. In cases of edema nephritis we see destroyed glomuruli-hypertrophy of the glomuruli with polyuria. This with increased blood pressure followed by filtration elimination. Polyuria is the answer of irritation by poison of the kidney vessels. The milk sugar test shows prolonged elimination notwithstanding the increased elimination of water. Polyuria responds directly to pathological irritation of the vessels and continues as long as the irritation continues. This has long been known as a classical symptom of the contracted kidney. Here, the elimination of milk sugar is slow.

Oliguria is sign of great injury to the vessels. Polyuria of sensitive reaction combined with damage to the vessels. The right interpretation of these functions enables us to understand the anatomical lesions of the kidney. We find in the various forms (acute, chronic and parenchymatous nephritis with edema), normal water elimination, also normal Na. Cl. so that it is hard to understand why the edema still persists for weeks and months. Why does not the edema pass?

In these cases the microscope shows blood in the urine and the milk sugar test shows that, nothwithstanding apparently normal elimination, there is great damage to the blood vessels. If an increased amount or Na. Cl. is added to the diet or is experimentally introduced into the system, then the elimination of water sharply declines and the Na. Cl. is retained. Diuresis ceases. This is absolute proof that elimination was only apparently normal or normal on condition that no extra load be added to the work of the kidney. The addition of milk sugar can also bring on a sharp hematuria.

There are cases where the elimination of water and Na. Cl. is normal, specific gravity normal or high, but if one tests out the function by additions of water and Na. Cl. diuresis is diminished and Na. Cl. is retained. Milk sugar elimination is slow, showing that the vessels are not functioning. In contracted kidney we may have polyuria, oliguria, normal urine and all these symptoms point to chronic nephritis.

In these patients, if small doses of diuretics are given, there is an increased secretion of urine and the polyuria continues, all pointing to a contracted kidney which is over sensitive to stimulation. These cases are immediately discovered by the administration of milk sugar, the elimination of which will last eight hours instead of four, which may be taken as normal. In cases where a large part of the vessels have been destroyed, we have not to do with polyuria, but oliguria, and when milk sugar is injected, only traces are found in the urine.

The classical contracted kidney is a disease of the kidney vessels with oversensitiveness, with or without disease of the tubuli.

In chronic parenchymatous nephritis the damage to the vessels of the kidney is the chief lesion with lesser function, and here, also the tubuli may be damaged or not as histological finding in any given case may show.

Diagnostic Value.

To what value can we turn these observations? Suppose we find polyuria, over-sensitive symptoms of vessel reaction, albumen, dilute or thin urine with good elimination of Na. Cl. then is the diagnosis of light irritation of kidney vessels suspected. If all the symptoms

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continue, only the albumen disappears, is the disease healed out or not? To answer that question we must test the functions of the kidney with milk sugar and determine the quantity and quality of the water and Na. Cl. discharge. The small value in genuine contracted kidney of the test for albumen is everywhere known. It is not necessary to await the finding of albumen, heart symptoms and blood pressure; it is to be suspected if function tests show the kidney is not up to standard. It is by these methods that luetic Hg. and lead kidneys and the arterio-sclerotic kidney of old age may be diagnosed where formerly they were found only post-mortem.

The diagnosis of the kidney of age can be of great value and will explain many obscure cerebral and heart symptoms which otherwise we might not understand. These tests are also of value in determining early tuberculosis of the kidney.

No one can doubt the value of this knowledge in the treatment. We have seen how a diseased kidney is easily made insufficient by increased demands upon it. We are made to understand that all kinds of irritants used as medicines or foods are harmful to a damaged kidney. That diuretics, for the most part, defeat their purpose and soon tire out the kidney. In short, modern studies point out in a way not to be mistaken, that the kidney diseased, no matter the form of disease, is to be protected and conserved, not injured by foods, drink or medicines.

Take for example the practice of administering large quantities of salt water after surgical operations, where the heart and kidney are frequently diseased, and an irritating anesthetic has been used. Certainly we can now understand how such practices are frequently followed by acute renal insufficiency.

PROBLEMS IN THE DIAGNOSIS OF CLINICALLY DOUBTFUL TUMORS OF THE BREAST.

By M. N. Hadley, B. S., M. D., Indianapolis, Associate in Clinical Surgery, Indiana University School of Medicine.

The student of breast cancer is early confronted in his researches with an unfortunate confusion of opinions upon many of the fundamental questions pertaining to this disease.

Cancer, the great mystery of medicine, when it attacks the female breast, even though it is in the open and before the eyes of its victim, is almost if not quite as much an unsolved problem today as it ever was. Pathologists differ in their classification of breast neoplasms, clinicians are not a unit in their teaching of what constitutes positive physical signs of malignancy, and surgeons disagree widely on questions of fundamental importance in surgical technique. In the meantime the disease kills approximately 80 per cent. of its victims and this despite the fact that it is at some stage of its life history easily curable.

A general survey of the history of the treatment of malignant neoplasms develops the fact, that we are living in an era of extreme radical, or extensive dissection of infected tissue in an effort to cure the disease. Halstead's classic operation for breast carcinoma initiated this era.

Builded as it was upon a correct understanding of the pathological principles involved, it became at once not only the accepted procedure for breast tumors but the same technique, the removal of all regional lymph nodes with intervening connective tissue plains dissection en bloc, was applied to cancer of other organs, notably the uterus. Clark, a student of Halstead's, was one of the first to apply this principle to cancer of the cervix, although the operation bears the name of Wertheim.

These were the beginnings of the era of radical surgical attack, and it began

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with a great hope, that the coincident brilliant achievements of surgery in other lines would be equaled in the treatment of cancer. The failure to realize the full promise of this hope does not in any way discredit the great efforts of surgery, but it does bring sharply into relief the fact that patients suffering from malignant lesions must be gotten to the surgeon a great deal earlier in the life history of such lesions, than they have in the past, if any progress is to be made in the reduction of the high rate of mortality.

A full realization of this fact seems to me to presage a widespread serious and effective movement having for its object the better education of the public on matters pertaining to cancer. Some of our most powerful surgical societies have already begun the movement and they have been followed by lay organizations having ample financial resources for the campaign of publicity. These organizations propesed to go directly to the public with the facts pertaining to cancer, using the press, magazines and other avenues to reach it.

If the success of this movement may be judged by other like movements such as that of tuberculosis, it will have far-reaching effects. This movement is in accord with present day tendencies toward the teaching and practice of preventive medicine and might well be said to mark a new era in the history of the therapeutics of malignant neoplasms.

It is my purpose to briefly call attention to some of the new problems in breast tumors, which will inevitably occur following an awakened public interest in cancer. It is to be expected that as a result of the movement of public education now seriously begun, that many tumors in their early stages, before clinical signs of malignancy have developed, will have to be dealt with. It is about the clinically doubtful cases, it seems to me, the problems of the future will revolve.

These problems concern both the surgeon and the pathologist. The microscopic picture which the pathologist has had to interpret in the past, has been for the most part the cellular pathology of late malignancy. This interpretation can be done quickly and with great accuracy. In such a picture one deals with wide and easily discernible departures from the normal epithelial arrangement of the mammary gland.

That pathologists have been dealing with relatively late malignancy in their study of breast neoplasms, where the cellular hyperplasia has become varied is strongly suggested by the fact pointed out by McCarty, of the utter confusion existing in the terminology now in use in the description of breast tumors. He collected 158 different terms that have been used in the description of these tumors. It would seem that this multiplicity of terms is the inevitable result of a study of late cancer and brought about by the attempt to classify cellular pathology long under the influence of a malignant stimulus.

The microscopic picture of early malignant changes, it seems to me, will be very much more difficult of proper interpretation. The picture will not show the wide departures from the normal epithelial arrangement. The old criteriae of malignancy, as revealed by the microscope, will necessarily become obsolete because they are the critriae of advanced malignancy. Just what is to take their place I do not know, but a suggestion was made by Dr. Wilson recently before this society when he said: "After you have seen a cell a certain number of times in a given environment you learn to be suspicious of that cell and spot it as one of malignancy." To differentiate the benign from the malignant hyperplasia on such evidence requires great expertness and strongly emphasizes the problems which confront the pathologist in early breast neoplasms.

McCarty frankly states that he is "unable to draw the line between the hyperplastic changes of Chronic Cystic Mastitis and the pictures which are definitely carcinomatous." Chronic Cystic Mastitis is the most frequent benign tumor of the female breast, developing usually at the cancer age, and it is of the

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utmost importance that the surgeon should differentiate between it and a malignant tumor, and yet according to McCarty evidence of the microscope may be unreliable.

It is therefore evident that the pathologist has some difficult problems in the accurate interpretation of microscopic sections of early malignant epithelial hyperplasia of breast tumors. The quick and accurate opinions on advanced lesions will not be possible in a considerable per cent. of early malignancy. New and definite criteriae which are tangible and demonstrable must be developed.

The surgeon's most difficult problems, as well as the pathologist's, arise in an effort to determine the proper surgical therapy in the clinical doubtful cases. Shall the tumor be enuclated? Shall the breast be excised? Or shall the radical operation be performed? These are the questions that the surgeon must answer at the moment of operation in the class of cases now under discussion —that is, the cases in which a positive diagnosis of malignancy cannot be made prior to the operation.

It has been definitely proved that it is an exceedingly dangerous thing to cut into a breast tumor, remove a part, or all of it for future study, and if found malignant do a radical operation ten days of two weeks later. This, perhaps, might be safely done if the cutting were all done with a cautery, but in case the tumor was found to be benign a bad wound would be left. The surgeon, therefore, must be prepared to complete his diagnosis at the exploration, and immediately proceed with such therapy as the diagnosis demands.

At this point the surgeon has two diagnostic resources, both of which are valuable, and should be available in every hospital professing to do scientific surgery. These resources are the rapid frozen section study of the cellular pathology by a trained pathologist, and a careful study of the gross characteristics of the freshly excised tumor by the surgeon.

Reference has already been made to some of the difficulties of early microscopic diagnosis. Due weight must be given these difficulties, but on the other hand it is of great value in a per cent. of cases, and in my judgment every patient with a doubtful breast tumor is entitled to the benefits of such a method of diagnosis. Even though the frozen section examination may not be universally dependable the increasingly large number of tumor cases demanding methods of diagnosis other than clinical makes it absolutely incumbent on hospitals to equipe themselves properly for this work.

The other diagnostic resource of the surgeon is for him to be his own pathologist and from an examination of the gross appearance of the freshly removed specimen, attempt to make a diagnosis.

To the man who is accustomed to thinking of tumor tissue in terms of the cell, gross examination seems a very crude and unreliable method. And yet any one can distinguish fat from connective tissue or skin from mucous membrane on gross section. Often he calls to his aid the color of the tissue or the way it feels to the touch. So that in making gross examination one has the advantage of observing the color, the presence or absence of cysts, their size and the character of their contents; by the sense of touch one can observe its resistance to the knife and to the finger, and it can rather easily be determined whether the tumor is distinctly encapsulated.

If one would learn to correlate knowledge gleaned from the microscope with gross characteristics and clinical history, a correct interpretation of the gross picture could be made in a considerable per cent. of breast tumors which clinically have no distinguishing characteristics.

The following is illustrative of gross diagnosis: The woman was 50 years old, had recently passed the menopause and was therefore in the prime of cancer age. The tumor had been present six months and had, just prior to ex-

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amination grown very rapidly. There was some referred pain in the shoulder. The tumor was not encapsulated, but rather a hard mass involving the major part of the upper hemisphere of the breast. There was no dimpling of the skin or involvement of nipple, no palpable nodes. The breast was movable on the pectoral fascia.

It was apparently a benign tumor, yet at such an age malignancy was to be expected. The diagnosis was reserved for exploration. The plan of exploration was to widely excise the breast and after its removal, examine the tumor mass for evidences of malignancy, and if found complete the operation by a dissection of the axilla.

After excision of the breast by cutting directly through the tumor mass it was found that about two-thirds of it was a large cyst, with a smooth wall and contents a dark fluid but not bloody. The balance of the tumor was fairly resistant to the knife, whitish but not a glistening, brittle tissue. On close inspection over the cut surface were minute cysts, whose granular contents could be easily expressed.

This seemed to be grossly a fairly typical picture of Chronic Cystic Mastitis of the cystic type, but the part of the mass containing a considerable quantity of stroma and the small cysts was regarded with a degree of doubt. Remembering the statement of Bloodgood that the contents of malignant cysts are always bloody, and further that he had never observed cancer associated with one large cyst, this condition being characteristic of cystic rather than the adenomatous type of Chronic Cystic Mastitis, a diagnosis of benign tumor was made and the wound closed.

A microscopic section was made from the solid part of the mass which showed many areas of normal appearing glandular acini regularly distributed through the stroma. There were many fair sized cysts, with low epithelium, these cysts having been observed on the cut surface of the gross specimen as previously stated. The patient was operated two years ago and there has been no recurrence.

There is a possible danger that the education of the public on the cancer question particularly in breast tumors will outdistance our diagnostic resources. Indeed there is a question whether it has not already done so.

I am rather under the impression that in the past the rule often followed has been that when a patient presented herself with a breast tumor if it be suspiciously or positively malignant by clinical examination, radical excision was recommended. If there were no clinical signs of malignancy it was either not operated or a very local procedure was done.

This may have been a partially satisfactory rule in the past, because with patients coming one and one-half or two years after the first appearance of the lump in the breast, if the tumor be a malignant one it will have shown itself clinically in such a length of time.

No such rule as this can be followed if patients are to derive any benefits from early observation. A corollary to the present education of the public on the cancer question is that an immediate diagnosis be made of the suspicious lesion. In tumors of the breast this means, in the absence of clinical signs, an exploration of the tumor for the purpose of diagnosis.

And this should be the rule in all doubtful cases, perhaps with a single exception and that is the multiple fibroepithelial tumors of young women, appearing in one or both breasts. No more fatal words can be spoken, than to say to a woman presenting herself with an early breast tumor—"We will watch it."

Approximately 80 per cent. of breast tumors are malignant from their incipiency or become so sooner or later. Furthermore, there is no division of opinion as there is on so many questions of therapeutics, as to the kind of treatment indicated. All agree that excision of such tumors offers the only hope of cure. From the logic of facts one cannot appeal and it seems difficult to un-

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derstand how any physician can pursue a policy of procrastination.

If we keep patients under observation until the development of either skin dimpling, adherence of mammary gland to pectoral fascia, retraction of nipple, palpable axillary lymph nodes, they will have passed the curable stage, and the movement for a better educated public will have been in vain.

REPORT OF A CASE OF CARCINOMATOSIS OF THE PERITONEUM, WITH AUTOPSY FINDINGS.

By Samuel E. Earp, M. S., M. D., Indianapolis, Clinical Professor of Medicine Indiana University School of Medicine, and Henry Rihl Alburger, M. D., Professor of Pathology, Indiana University School of Medicine.

The report of the case hereafter given in detail has many features of interest. This is particularly true concerning diagnosis.

H. L. Male. Age 53. Family History: Mother died of rheumatism, father died of kidney trouble. Three brothers and one sister living and well. One sister died of measles. Two children living, 22 and 23 years respectively, and well.

Past History. Has had whooping cough, measles, mumps, chickenpox. Malaria at 18 years, typhoid at 23, gonorrhea at 28, penumonia at 31. Has worked at carpenter trade for the last 15 years. Last spring had a pain along the right side of sternum changing to different parts of the abdomen, had diarrhea, but no vomiting; could not work at times.

Present Illness. Came to hospital Jan. 6, '13. Complains of pain in the abdomen in the locality of the umbilicus and extending into right side. He thinks it came by lifting a 20-foot beam nine weeks ago, when he felt something give in the upper part of the abdomen. Pain now radiates to left kidney, sometimes to the right clavicle. He has had some dyspnea when lying down and upon exertion. Feet and ankles used to swell several years ago.

Physical Examination. Skin cadaveric, perhaps a slight yellow tint. There are no external signs of injury. Chest shows patient to be poorly nourished. He claims he has lost thirty pounds. Tongue is dry and fissured. Eyes react to light and distance. There is some arterio-sclerosis. Heart is normal in rate, having been 64 to 92. It is normal in size, apex is slightly to the right and may be a little diffuse. Blood pressure is 128 systolic and 95 diastolic. Lungs, both tactile and vocal fremitus increased on right side near apex. Chest is slightly sunken in left infra-clavicular region and expansion is less here. Temperature has ranged from 97.5 to 99.5. Urine normal. Abdomen. Umbilicus shows some evidence of superficial inflammation. Some superficial veins are enlarged in umbilical region. The epigastrium is greatly distended and is tympanitic. A nodular mass 2½ inches in diamater involves the umbilicus; this is tender. Patient complains of nausea and sour stomach. Liver is contracted. Has lost strength, flesh and weight. Food is followed by pain in bowels.

Blood Examination. Red 4,190,000; white, 9,200; Hemglob. 80 per cent.; Poly. 80.5; large 5.5; small 13.5, E. 5.

The umbilical region in which there was occasional pain, brought to mind the area beneath which has the transverse colon, small intestine, mesentery, greater omentum and kidneys. There was dulness on percussion in the left inferior quadrant, but no palpable mass anywhere noted except as heretofore mentioned, with the exception upon digital examination of the rectum, where there seemed to be thickened walls or a mass which came in contact with the finger when examined by Dr. DeHass.

Pain in the umbilical region might suggest thoughts from a mesenteric cyst to the girdle pain of locomotor ataxia with a dozen "probables" between these limitations; in this particular instance there was a nodular mass 2½ inches in

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diamater which had for its center the umbilicus which could be raised with a portion of the abdominal wall and without perceptible attachment unless a very limited one. It may be said that a malignant neoplasm of the liver may immobilize the umbilicus, but the liver in this patient was undersize and in fact tympany upon percussion, showed the bowel where the lower border should be. The enlarged and tortuous veins on the abdominal surface brought to mind Lannecs cirrhosis, and if there had been some ascitic fluid would typically passed for such with true facts unrevealed except by a chance autopsy. If such condition was present we might think of portal vein thrombosis, pressure on one or both of the vena cavas by a neoplasm and these a cause for a fluid, but at this time there was no fluid, The umbilicus protruded slightly but was not, as in is sometimes the case, a sign of portal obstruction. In new growths there may be some depression, but in this patient the reverse was true. In the vicinity or nearby there was no rigidity. If there be a malignancy of the liver and its appendages the pain would be higher up and there is likely to be hepatic enlargement and in chronic obstruction there may be no jaundice or ascites, neither at this time present, yet we know that by metastasis the liver may have limited evidence of malignancy and there be no signs in a case of this character that can be known by a physical examination, and a probability only is held. During respiration there was no perceptible change in any organ as sometimes observed when there is an attachment, for instance, to the liver or stomach. Directly in this region we have the mesentery, but diagnosis is indeed difficult unless there be a mass sufficient size to give definite signs and then, too, when there is no distension of the abdomen.

In reviewing some of the factors in the case, such as wandering pains in the abdomen, great emaciation, a cachectic tint though faint, loss of appetite, dullness on percussion in the left inferior quadrant, though no mass found, thickening of the rectal walls with a possibility of a tumorous mass felt by the index finger on digital examination, nodulated umbilicus and such signs as have a negative import the condition of the umbilicus was considered to be carcinomatous with an involvement of the bowel, possibly the liver and universally the peritoneum. The primary seats of involvment which were discussed were the pancreas, stomach and intestines, presumably the large, but not definitely decided upon.

Feb. 6. The abdomen was tense and contained a fluid, but facial erysipelas appeared and the patient was placed in quarantine in another building.

Feb. 13. Paracentesis abdominis was necessary and six quarts of fluid were removed.

Feb. 17. There was hyperemesis and involuntary bowel movement, four quarts of fluid removed, dyspnea was better and patient comfortable.

I did not see patient when the fluid was withdrawn. An examination at this time might have been a help in diagnosis.

Feb. 24-25. Patient vomited a black fluid and vitality was low. Patient died Feb. 25 and an autopsy was held by Dr. H. R. Alburger before my clinical section of the senior class of the University School of Medicine, who had observed the patient daily at clinics.

Autopsy findings by Dr. Alburger:

The body is that of a markedly emaciated, rather aged adult male. Hair of head scanty. The eyes are sunken in their orbits with inequality of pupils, the right measuring 3 mm. and the left 2 mm. in diameter. Rigor mortis is not present; as the autopsy is performed less than an hour after death the body is still warm. There is marked emaciation of the extremities and thorax, while the abdomen is very prominent, tympanitic in the central area and dull in the flanks. There are small discrete petechial hemorrhage subcutaneously in the epigastric region and upon the anterior aspect of the thighs. The umbil-

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icus protrudes and is slightly excoriated while the wounds produced by the trocar in tapping the abdomen are seen below the umbilicus. The primary incision reveals a subcutaneous tissue poor in fat and rather dry while the underlying muscles are atrophic and pallid, the rectus abdominalis being especially thin. The abdomen when opened is found to contain about 5 liters of straw colored fluid and there is further seen a fibrinous peritonitis involving the parietal layer anteriorly which is attached by a few easily broken adhesions to the omentum. The latter is very short and thick lying as a firm nodular mass about 4 cm. broad below the level of the transverse colon and containing numerous nodules of a dark blotchy red color against a yellowish background. This nodular invasion extends into the mesentery and on to the peritoneum, even the posterior peritoneum and the pelvis being invaded. Spleenic flexure of the colon is adherent to the posterior abdominal wall and is also involved in the nodular new growth. In fact the nodular invasion of the peritoneum is almost completely generalized and the nodules usually yellow in color with hemorrhagic spots. The spleen is apparently normal, neither its surface nor its pulp being invaded by the new growth. The stomach is of about normal size, is firmly adherent and welded with the transverse colon and mesocolon to the omentum. The organ is filled with a greenish black fluid apparently inspissated bile and the stomach wall as a whole is thickened; the rugae very prominent and the whole organ presenting the characteristic appearance of hypertrophied gastritis. The pancreas measuring 8x4 cm. is nodular, rather firm and contracted and on section shows yellowish masses scattered throughout the interstitial fibrous connective tissue stroma. The liver is so much smaller than normal, weighing 1,400 grms. Its color is somewhat pale. It cuts with slightly increased resistance and shows a few small metastases, the largest about 1 cm. in diameter on the lower surface of the organ together with several smaller nodules on the upper anterior surface of the right lobe. The post-peritoneal lymphnodes are apparently normal. The kidneys are apparently normal. The adrenals are apparently normal. The thorax shows no very marked pathological change. The costal cartileges are slightly calsified and on removing the sternum the lungs are found to be about normal in size and position. There is, however, one small nodule of firm character on the outer surface of the left lung. The heart weighs only 165 grms., is small, moderately firm, the epicardium wrinkled and on cut section the heart muscle is somewhat pale, the chambers small in capacity, but show no evidence of valvular or other pathological processes.

Sections prepared from the various nodules described in the peritoneum and omentum show the process to be one of malignant invasion by a new growth of epithelial character, the cells of which tend to arrange themselves in the form of more or less typical gland tubules; the walls of which, however, are often abortive, the cells markedly irregular in both sizes and shapes, the chromatin lumpy and many mitotic figures in various stages shown. In many instances these cells are in simple clumps in the tissue spaces, in others the tubule arrangement is well marked. The interstitial connective tissue is relatively large in amount giving a scirrhous character to the growth. In all the tissues examined in which the carcinoma was present the original tissue had completely lost its identity. The lung was air-containing, the aveolar walls thick, some of the air sacs collapsed, but in the main the tissue showed little change. The heart muscle is somewhat atrophic, the fibers narrow and the pigment at the poles of the nuclei very conspicuous in amount. Marked congestion of all the capillaries is noted. The spleen shows a great increase of the normal connective tissue together with the general congestion of the splenic pulp. There is no evidence of neoplasm in the organ. The kidney is comparatively normal except for general congestion.

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REPORT OF A CASE OF GLIOSARCOMA OF THE BRAIN.

By Charles D. Humes, M.S., M.D., Indianapolis, Assistant in Mental and Nervous Diseases, Indiana University School of Medicine.

E. W. Parents, brother and sister living, well. Second of three children, natural delivery; usual early diseases with no central nervous system display. Patient born on farm, has always been well and strong, not large, but as family tends toward below average height. High school and Indiana University graduate in law, practiced in Rushville, has been assistant prosecutor of Rush county.

The family history is negative as regards lues and tuberculosis. There is no history of recent illness with acute infection—trauma or anything out of ordinary, exception present affection.

Several months ago patient was taken ill rather suddenly with severe pains in back of head and neck—patient comfortable only when lying down—upright position increasing pain, causing drawing forward of head upon chest together with semi-rhythmic nodding and twisting of head toward left shoulder.

No elevation of temperature obtained at any time. Bowels and bladder kept free and clean (a chronic urethritis had been cleaned up a short time prior to onset of infection.) Dr. Parker examined the eyes in Sept., 1912, and attempted correction of weak left external rectus. In March 7, 1913, re-examined and found pronounced choking of discs of both eyes, neuritis opticies. No particular difference in backgrounds, both showing venous congestion and tortuous veins.

Examination. Strong, well nourished, medium height lungs, heart, general organs pathologically free. Sys. Ten. 125/130, pulse regular.

Abdomen. Flacid, no abdominal retraction, no tenderness or palpation.

Central Nervous System. Reflexes deep and cutaneous, apparently undisturbed, suspicion of right-sided ankle clonus not confirmed, no babinski, plantars very high, a "ticklish" tendency accounting. Gait: Apparently normal.

Posture. Slightly stooped, left shoulder elevated, head retracted slightly toward same.

Static Equilibrium not disturbed, walks well with eyes closed, forward and backward; no ataxia. Patient says he feels fine except for headache, which is no worse at night, is nearly always present in right occiput, at times severe and boring. Has never had nausea, vomiting or any period of unconsciousness, no "sleepy" periods.

Eyes. Dr. Parker's report March 7, 1913. Diplopia in all meridians but markedly when looking toward left, paresis left external rectus. Pupillary reflex O. K. Vision with correcting lens normal. Musc shows 30C convergence. Dilated pupils showed slight optic neuritis both eyes—marked venous congestion and veins tortuous.

Urine. Negative.

Spinal Fuid. Canal easily accessible. Fluid escaped with no evidence of internal pressure, was clear and not over abundant 20cc withdrawn, patient had only usual slight headaches, no nausea or fainting.

Wassermann. Blood and spinal fluid negative.

Differential Count. Negative blood. Spinal fluid showed no increased cell count.

June 2, 1913. Patient cleared up remarkably, walks erect, drove 7 miles into Rushville, has no discomfort except occasional headache.

Eyes. June 2, 1913. No perceptible paresis external rectus. Left little or no diplopia, neuritis practically disappeared in right eye. Disc edges quite clear. Left nearly as much cleared up. There is a free tag of some small vessel extending from center of optic disc into vitrious. This tag, whether blood vessel or something else, waves about continuously; no significance is attached to this finding; was noticed for first time by patient the morning of day

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examined. Ocular findings are certainly markedly improved.

This report of Parker's particularly clears up the difficulty at present and gives the first actual hope entertained for quick improvement. However, the patient, notwithstanding the fine physical examination, which he undergoes at present, has continued headache, sometimes free and for longer periods than when first taken ill, but returning and always to right occiput. This was the first sign to him of trouble in beginning of illness in Feb., '13. Never had but slight temperature, no chills, no particular infection, had complained of mildly sore throat just prior to taking down, but nothing showed when seen by Coleman. Had specific urethritis of rather long standing which had cleared up several months prior to this illness. Patient now shows no abnormal central nervous symptoms. He seems normal in every motor and sensory test. Posture correct, station firm, attitude comfortable. Not in pain, head and neck free, patient happy and wants to go to French Lick.

Regardless of improvement as reported he has occasional "blind" periods, things get black before him, quickly pass away, but he is conscious of this frequently. The fact too that primary optic neuritis is not seen many times, makes it seem all the more reasonable that some pathology exists intra-cranial. The region of right parieto-occipital lobe must be the site of some disturbance and I strongly suspect a brain tumor in that locality, especially that the blood and serum are negative to Wassermann test.

There has, as yet, been no marked visual cutting down, no nausea, no vomiting, but those can come later. There is something peculiar about the entire case, new in its entirety, and cannot get away from the idea that there is more wrong than last examination would indicate and that patient will suffer a relapse.

June 9, 1913. Patient, examined by Dr. Morrison.

This is a case of typical "choked disc."

Right eye: Enormously distended and tortuous veins, small arteries and veins at times disappear partly in exudate. Great edema around the nerve head concealing the vessels. Edges of nerve head blurred and striated and swelling not excessive, but should judge it would soon become so, some small hemorrhages in deep layer of retina near nerve.

Left eye: Conditions are much the same except minute hemorrhages on nerve head itself.

There is compound hyperopic astigmatism in each eye. I would diagnose the case as one of intra-cranial pressure impeding the return circulation from the retina. There is a little less swelling of the nerve head than I have found in cerebral tumor generally. However, I would not place much upon this, as it may have just commenced. One condition could simulate this, viz., pressure in the orbit, but this I would not consider possible, because pressure of this kind would hardly involve both orbits and would limit the motion of the eyes. My diagnosis would lie between a tumor of the brain and some specific mass, say a gumma.

I saw patient prior to examination. He was suffering intense headache and was nauseated. I spoke to Dr. Coleman of the serious aspect of case that day against his good appearance one week prior, strongly suspected intracranial difficulty.

June 12, 1913. Saw him at Rushville. He had been suffering intensely, was at times almost unconscious, profound cerebral congestion evident. Patient was "muddled," but showed no particular central nervous system focalizing symptoms, except numbness in face. Partial palsy left external rectus, numbness of left arm and pronounced severe pain in right occiput. Deep reflexes gone. These collectively meant nothing, as there was no aphasia, amnesia, auditory or visual, no convulsions, no difference generally in discs (unless the right was more congested) and so in absence of

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directly determining symptoms I chose right brain for operative site. Advised immediate decompression, gave usual sad outlook, hoped only to save vision which was rapidly failing and family consented.

June 17, 1913. Operation at home. Dr. Sexton and myself. Right sub-temporal decompression. Patient comatose upon going to table, nothing had arisen to change site of operation. Speech defect more one of congestive stupor than any local inhibition. Left eye turned nasalward and patient complained of awful pain and tenderness in right occiput. Decompression quickly made with no attempt to make osteo-flap. Brain not pulsating but became so as a large surface of dura was exposed. Dura sectioned and brain tissue delivered itself—no tumor mass localized—dura closed partly with great difficulty. Patient left table in good condition otherwise.

June 19, 1913. Patient had done nicely, wound draining. There had been considerable escape of fluid and some brain tissue. Advised operation again, enlargement of opening, left sided decompression, also at earliest opportunity to add relief to failing vision. After two days patient able to distinguish objects close at hand but visual field narrowed and blurred.

June 23, 1913. Patient doing badly. Notwithstanding great quantity of material escaped, yet cerebral congestion. Vision again failing badly, left sided reflexes gone, right diminished. The deep reflexes had, of course, returned immediately after operation.

June 24, 1913. Reopened flap. Large amount of clot and brain tissue removed. Patient condition would not permit left sided decompression. At this time the ventricle was tapped, escape of fluid not great. The large tissue traumatism had allowed very free escape of fluid and accounted for so little in the ventricles. Nothing could be made out by palpation.

July 4, 1913. Patient died July 5, 1913. Post-mortem. Tissue had been injected some 30 hrs. and was hardened. Brain removed in toto. No change over cortex or meninges, basal structures normal, no thickeneing of meninges or infiltration about nerve trunk heads. Sections failed to reveal anything abnormal until by chance section (family refused the brain in toto, so was taking "hit and miss" section) I discovered tumor-mass in left temporal lobe occupying the extreme basal tip of the lobe at the middle line. The tumor was removed with difficulty and then only because of brain having been hardened. It was egg-shaped and about the size of the usual hen's egg. On section was found to be vascular and contained some free blood. From its solitary position, in absence of luetic findings or tubercular history this tumor seemed surely a gliosarcoma specimen with section from operated area and cerebellum was examination by Dr. Alburger. He reports tumor, glio-sarcoma, other tissue negative. A new growth, highly cellular, spindle and ovoid cells protoplasmic processes originating in glia proper. Traumatic degeneration at operative site.

1. With exception of slight visual disturbance a few months prior to acute onset, patient had enjoyed perfect health: Examination at that time revealed a weak left external rectus; reexamination in March after acute onset in February showed profound muscular palsy and marked congestion of eye background.

2. Following spinal puncture and withdrawal of approximately 20 c. c. fluid, the eye backgrounds had entirely cleared within ten days; patient seemingly well. In one week from this time, the discs were completely choked again, and patient suffering intense headaches.

3. A tumor the size of a hen's egg occupying the tip of left temporal lobe did not give rise to any localizing symptoms usually referable to that region, except a transient palsy of the sixth nerve of that side, and patient complaining constantly of severe pain in opposite quadrant.

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INDIANAPOLIS MEDICAL JOURNAL

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EDITORIAL

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DEDICATION OF MAYER HALL AT CENTRAL HOSPITAL FOR INSANE, MAY 1st, 1914.

Cornelius Mayer hall, the new recreation building at the Central Hospital for the Insane, named for the faithful secretary of Dr. G. F. Edenharter, superintendent of the institution, was dedicated Friday afternoon, Governor Ralston and Hugh Th. Miller speaking during the exercises. Mr. Mayer has been general secretary to Dr. Edenharter since 1893.

A dance and entertainment was given for the patients Thursday night. The patients also were permitted to attend the reception held for the Governor following the dedicatory services. Governor Ralston and Mr. Miller paid a tribute to Dr. Edenharter for his successful administration of the institution, which is regarded as among those of the highest rank of efficiency in Indiana, and also spoke highly of Mr. Mayer. A pipe organ is a feature of the new building. The exercises were opened with an organ prelude by Dr. Max A. Bahr.

The invocation was delivered by the Rev. Francis H. Gavisk, a member of the board of state charities, and the benediction was pronounced by the Rev. W. A. Hendrickson. The Masonic quartet took part in the exercises and the patients joined in singing "America." Mr. Mayer thanked the Governor and Mr. Miller for their laudatory words and expressed his appreciation of the honor given him in the naming of the building.

Superintendent Edenharter has led the State Hospitals for the Insane in three great features. First, the building of a pathological department, the best equipped for study of pathology of the insane. Other hospitals for insane have taken it for a model. It seats 300 persons and is used for the study of insanity. Here many eminent pathologists and alienists have lectured before the hospital staff, the Indianapolis Medical Society and physicians of the state. Among them are Barker of Johns Hopkins, Hektoen of Chicago, Burr of Michigan and a half score of others equally eminent. Here the pathologists conduct autopsies before the staff and medical students and here are given the courses in psychiatry by such able alienists as Drs. W. B. Fletcher, E. C. Reyer, H. Jameson, Frank B. Wynn, A. E. Sterne, Max A. Bahr, F. F. Hutchins, Charles F. Neu, Charles Eli Cottingham, Chas. D. Humes and others, including professors and students of psychiatry from the Indiana University.

This beautiful building and the good work done in it, is known all over the country, and notably, the two volumes of

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Reports from the Pathological Department and the Department of Clinical Psychiatry, 1909-11. Volume IV, pages 250. also the preceding volumes. These reports run up to over 500. They are regarded by Johns Hopkins men as the best series made in the hospitals for insane in the United States and are sought by every similar hospital in the world. Among the pathologists who have contributed to this detailed work are Dr. Robert Hessler, first pathologist to the department; Drs. Charles C. Manger, James Allen Jackson, Ernest D. Martin, and more than by any other, Dr. Charles F. Neu, now practicing in nervous diseases in Indianapolis and one of our most eminent and respected teachers, leaders and consultants.

Such is the outcome of Dr. Edenharter's work in advancing science and education as related to the care and prevention of insanity.

Not a formal teacher himself; not making any claims as a scientist or a psychiatrist; constantly refusing official recognition in the societies to which his work has made so high an appeal and been so notable a stimulus; not self-seeking or opinionated, Dr. Edenharter has gone on for over twenty years just doing the work for the work's sake, and is known by his works rather than by his words. To him might well be applied the praise given by Matthew Arnold to Marcus Aurelius and Emerson—not great writers, not great philosophy makers, but holding a position of even superior importance; "he is the friend and aider of those who would live in the spirit," who wish how to know, how to do, and how to help.

Knowledge, action, and the spirit of helpfulness have their personality in George F. Edenharter, and such is the desire and sentiment he incites in others as superintendent for twenty years of the greatest of our hospitals, and as most notably expressed in his appreciation of the pathology of nervous diseases and his provision for its study by his internes and the medical profession.

To the ends of cure and comfort of the sick insane, Dr. Edenharter's second achievement is the building of a hospital for 100 men and as many women, standing aloof from the two great homes for men and women, each containing nearly 1,000 inmates and requiring some 300 attendants and a score of physicians to look after their welfare. This hospital for the sick insane is cheerful and sunny in its every room. It has its own dietary kitchens and household conveniences and its beds are always full. Here the friends of the sick may visit them and here they may have complete medical and surgical attendance. The Central Hospital is always open in all of its departments to friends and relatives of the inmates during the regular visiting hours. The hospital for the sick insane is a substantial and essential addition to the state's care of the sick, and, as with the pathological department and the amusement and exercise building, its every detail was planned and worked out by Dr. Edenharter. He is a master builder as well as a master superintendent. Each of his three great works accomplished in the last decade, he has had in mind from the beginning, and to bring them to completion he has overcome the many arguments of those who thought that it is enough to give the mentally deficient food, clothing and shelter, looking on the institution as merely an asylum—a convenient stopping place on their road to death, forgetting that by very name it is a hospital and home for the sick, and not an asylum for those given up to disease and death. These objections have been patiently met and explained away by Superintendent Edenharter.

Visiting and advisory boards, state officers, members of the legislature and complaining committees who could not understand, have been met and have been placated by the words, the logic, the firmness, the insistence and above all, by the justness and righteousness of Dr. Edenharter's explanations and opinions. For Dr. Edenharter has always stood upon firm ground; his twenty years of service have appealed to the physicians, the state government departments and most of all to the people, for to all of these he is the best known man in

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Indiana, commanding in his sphere that wide public influence by his work that Dr. Hurty has achieved in his special department of sanitation. In brief, Dr. Edenharter, like Dr. Hurty, has brought the intelligent public and their servants, the members of the state government, to their high and unselfish standard.

Last, but not least, the patients must have exercise and amusement. This might be secured in various ways—all expensive. Work is the best amusement, but that is impossible for all; many can work and do work about the wards and dining rooms. Others make rugs and fabrics to decorate their wards and rooms. Some are fond of music and dancing. Each must have some outlet for his natural activities. The 400 employes have social needs; they now have a proper room and music for dancing and drama. The great organ was played by Dr. Max A. Bahr at the dedication.

This concludes the third significant advance in the care and comfort of the insane in the Central Hospital. The day was perfect. The exercises were simple, brief and appropriate. The three or four hundred patients were quiet and appreciative. The various speakers adapted their parts to the mixed audience of patients, visitors and attendants. Mr. Cornelius Mayer spoke at length, addressing himself first to the visitors, second to the attendants and third to the patients. All took part in the national anthem. The visitors then looked at the four bowling alleys, the fine billiard tables, the reading rooms, the punching bags, and other apparatus for exercise.

The writer of this note, who has had the friendship of Dr. Edenharter for over 30 years, was strongly attempted to throw a 16-pound ball down each of the alleys as his humble contribution to the day and for the benefit of the speakers and guests, for the once posed as the best doctor bowler in Indianapolis, doing 220 in a league game with new pins, but he was timid and refrained. He wandered around the grounds made beautiful by the patient work of twenty years by Mr. Mayer, who is by nature a landscape artist, lover of shrubs and trees. He has a nursery of 2,000 trees of a score of species and has set out over 700 thrifty trees of his own raising on the grounds. There was the witch hazel which blooms in November; the state shrub of Oregon, a cooper-leaved barberry in yellow bloom; the forsythia and its rival cousins, the white and purple lilacs.

In our simple ignorance we only remembered the great improvements that have taken place in the City Hospital where Dr. Edenharter first showed his guiding hand, his justness of nature and his warmth of heart—of the changing of the State Central Hospital into a practical school of psychotherapeutics for the benefit of the patients, and how his work had set a pattern for over 100 other hospitals for the insane to emulate in all parts of the country and of the dean of the School of Medicine of Indiana University, saying to his senior class and the social service assembly, that he regarded the work of Dr. Edenharter in the Central Hospital as of the highest order, an opinion already voiced by many others of high position.

Dr. Edenharter's name will go on and others will reap where he has sown. The writer of this note who has followed his work with interest since he was a student in the old Indiana Medical College has taken a real pleasure up to this instant, as in several others in the past in noting his work and doing what he himself would never have done or asked others to do—to commend his work as it is continuing in the hope that it will give pleasure to his friends and encourage him in his future work.

A. W. BRAYTON.

MEDICAL CARE OF THE AGED.

Quite recently one of the speakers at the Social Service Conference at the University Medical School advocated that more attention be given to the care of old people in that they might be more useful to themselves as well as to others. Emphasis was placed upon the selection of diet, cleanliness, exercise and by all means furnish kindness and inspire confidence. It was shown that the aged

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person is too often neglected, while if given the proper care and attention such a person can frequently regain sufficient vigor to be a needed help in a household and by so doing make themselves and others happy. The old person who sits in the fireplace corner will rust as quickly as a piece of metal; organs are rendered useless by inactivity. The lungs show atelectatic rals, that is, a crepitant ral, upon deep inspiration caused by indolent lung action, which by neglect is followed by a bend of the body. Frequently the face or some other part of the body shows a blemish that the use of soap and water would have prevented. Later these not infrequently become horny growths and perhaps malignant. Again neglect of the bladder brings dire results. The eyes, nose and teeth furnish other examples. The talk at the meeting was a plea to remedy defects of the aged so far as possible rather than let them die by inches when the scythe of time seems behind time to those who think the old person is a care and burden.

Miss Henry, who was present, said it was difficult to get her helpers to realize that successful aid could be given the aged poor. False pity and sympathy in such cases is only a pretense; it is actual help that is needed. Very frequently, indeed, it is a reflection on the intelligence of the individual, who says it is simply a case of senility, nothing can be done. The social service work under Dr. C. P. Emerson is bringing good results and Miss Henry deserves great credit for her part in the service. In this great army of workers the dispensary physician and students of the college are important factors.

Again referring to the care of the aged, I might call atention to a clipping from a very recent number of the New York Medical Journal in which Dr. I. L. Nascher says: That much can be done to overcome the mental depression of the aged. One should induce the old man to make the effort to improve his appearance, stimulate his sense of pride and let those around him tell him how young he looks. The psychic effect is instantaneous. Association with the young has a rejuvenating effect, and if the young people treat the aged as one of themselves, it will arouse a youthful spirit in the old folks. One must make an effort to keep their minds pleasantly occupied. If they have nothing to do they think of their past and the future, and they brood. The action and appearance of the aged individual are more certain indications of the condition of his health than his statements. The family should know that there may be fever in spite of a cool forehead, that mumbling in sleep is often delirium, that when the old man or woman shows a disinclination to get out of bed at the usual hour it usually means a serious disease, though the patient does not complain of pain or other discomfort than weakness. Every symptom arising suddenly, even the sudden relief from a symptom, as sudden relief from dyspnea, is a grave omen. The family should know that the absence of pain does not exclude a disease which is usually painful, the absence of surface elevation of temperature does not exclude fever, the absence of cough does not exclude pneumonia, the absence of the accustomed snore does not exclude a coma from which the patient will never awake. The physician in dealing with the aged should apply to them sympathy and science; sympathy, to relieve distress wherever he may find it; science, to study life and how to prolong it. But the aged need more than these. They need the support of the humanitarian, who will help and cheer them.

S. E. Earp.

THE USES OF THE WASSERMANN REACTION.

Outside of Indianapolis perhaps the only place where the Wassermann test is applied are Fort Wayne and Evansville. Probably not one in fifty of the physicians of Indiana have made use of it in the diagnosis of latent or hereditary, or otherwise doubtful cases, and not one in one hundred use it habitually to determine the results of treatment, or to guide the use and selection of either

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iodide of potassium, of mercury and its 25 or 30 salts used in treatment, or of the effects toward cure of either salvarsan or neosalvarsan. One reason is that few physicians know how to procure a drachm of clear serum, unstained with blood, to send to the serologist.

To use it as a test seems simple enough to some—notably to a certain doctor of Chicago, who was invited "unsight and unseen," as we used to trade jackknives in school days, to give the opening paper before the State Medical Society at the Fort Wayne meeting four years ago. He said "anybody could do it;" that he "learned" a kitchen girl to "do" the Wassermann in two weeks. Just then someone gave a soft whistle and several of the audience very quietly and courteously snickered and coughed to relieve them. The "management" seemed worried and confused; the shorthand man englished the verb; the paper was printed and the incident was ended. But one good thing was accomplished—many were led by the paper and the discussion to remember the Wassermann and become interested in being "learned" themselves. Another reason for the non-use is the cost of the test which is cheap enough at ten dollars unless taken at the State Board of Health and this will not be done, as the state does not take care of the patients as with rabies and leprosy. No Indianapolis hospital except the City Hospital is prepared for the Wassermann.

In Indianapolis we have had early and faithful work, the study beginning with Drs. Langdon and Thrasher, and later by others in their own offices or in laboratories of specialists. The work done in the last year by Dr. Jane M. Ketcham, of Indianapolis, upon the early diagnosis of pregnancy, and presented in theory and by demonstration before the Indianapolis Medical Society—the Abderhalden test—is an equally important test, but with a more limited field. Dr. Ketcham will probably read her paper before the State Society at the coming Indianapolis meeting.

Drs. Bernard Erdman and Frank A. Brayton have perfected the technic of the Wassermann test, coming back to the original method of Wassermann which seems to be the general tendency of leading serologists. Dr Erdman presented the principle and the methods before the Indianapolis society on April 28th, using a series of large charts which he had arranged for illustration. Dr. Langdon read a review of the principles involved before the society two years ago. He is now running through a series of blood serums, some forty each week, from one of the state institutions to determine the number of cases of syphilis in a defective group of several hundred. The interest and confidence in the test is constantly growing in Indianapolis and surrounding towns, largely stimulated by the work done in the Bobbs Dispensary City skin and syphilis clinics conducted by the present writer, under the medical care of the Indiana School of Medicine, and in the wards and clinics of the Indianapolis City Hospital. In nervous syphilis the test is of great value—notably in suspected or established paresis or tabes, or the allied optic atrophy.

Five to eight doses of salvarsan in as many weeks, followed by 10 minims of a ten per cent suspension of the salicylate of mercury in albolene, 10 doses in 10 weeks into the gluteal muscles may cure a primary syphilis (early chancre stage) in three months—and it may not. But it is worth trying in any early case under the guidance of the Wassermann. And even when the blood serum is negative by the above treatment, it is possible the spinal fluid is positive! It is now held by Craig, captain of the U. S. A. and of Johns Hopkins Hospital; by Dr. John Fordyce and others, that neosalvarsan is more expensive than salvarsan, as it has but half the power of the old salvarsan in reversing the Wassermann—making a positive become a negative.

Clinically, the writer has not seen any such difference, but as we have faith in the Wassermann test, and regard a permanent negative of a year or two, when the blood is taken monthly and preceded by a course of iodide or a provocative salvarsan as the best proof of cure, we may follow our eminent authorities of great experience and abundant resources of

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salvarsan and the Wassermann test in armies, prisons, etc., and come back with them to the use of the old salvarsan as the best and quickest and therefore the cheapest drug, as it takes but half the quantity.

Whoever is studying syphilis seriously must read after the great men, notably the Germans and French. Fortunately, the best papers are abstracted in the Journal of the A. M. A., so that we may get the best without going to Berlin, Paris or New York or Baltimore. A man working at home may do more than a man traveling abroad and but little can be got in a short time. It is but a windy diet in most cases.

Dr. Langdon has given the Journal a copy of his discussion of Dr. Erdman's paper, and as it takes up the matter of antigens—the real spirit—the "Holy Grail," so to speak, but not irreverently, as there is no irreverence in science, and also the necessity of construing the Wassermann as but one of many tests, but the best single test, we take great pleasure in laying his remarks before our readers his own writings.

The Value of the Wassermann Reaction. Discussion by Dr. Harry K. Langdon, of Indianapolis, of Dr. Bernard Erdman's paper before the Indianapolis Medical Society, April 28, 1914.

The past ten years constitute an epoch in the history of syphilis that is unparalleled in the study of any other disease. In 1903 we had the inoculation of animals with syphilis. In 1905 Schaudin and Hoffmann found the spirocheta pallida. A little later Wassermann, Neisser and Bruck applied the serum compliment phenomenon of Bordet and Gengou to the diagnosis of syphilis. In 1909 the Chemo-Therapeutic treatment of syphilis begun by Uhlenmuth was perfected by Erlich and Hata. Then Noguchi artificially cultured the spirochete and announced the cutaneous reaction of the vaccine made from it.

Any of these features in the history of syphilis could be discussed at length, but the paper we have heard by Dr. Bernard Erdman this evening deals ably with perhaps the most intricate of all problems connected with this disease. When Koch in 1890 read his memorable paper before the International Congress at Berlin, the world concluded that tuberculosis was already a thing of the past. When salvarsan was announced it was believed by many of the profession and by most of the laity to be a quick and sure specific. The same was held as to the Wassermann reaction, and we still find many patients and many physicians who think one blood test establishes the diagnosis of syphilis beyond a doubt.

The principle upon which the Wassermann reaction is founded is scientifically accurate, but in the execution of the test there are many difficulties, both logical and technical. We are pretty generally agreed as to the specificity and reliability of the reaction, but as to the refined details of the technique there is still much to be said and variance of opinion and practice.

The very intricacy of the original Wassermann technique is responsible for an innumerable list of efforts at simplification. These methods have mostly added to the general confusion.

From the earliest days of the Wassermann reaction perhaps most of the discussion has centered in the antigen. Some of the antigens used have been mentioned this evening by the essayist, but there are dozens of others. Each antigen has its own adherents but the two in most common use are the **alcoholic extracts** and the **acetone insoluble extracts** of human and animal tissues.

I will compare these two and show some possible sources of error in the alcoholic extract. The alcoholic extract is made by macerating the ground animal tissues in alcohol for a month and then filtering. The alcohol has by that time extracted many substances.

To make the acetone insoluble extract this alcoholic extract is first evaporated to dryness. Ether is added to this residue which only partially dissolves the residue, giving a soluble and an insoluble fraction. To the ether, which contains the soluble fraction, acetone is added, throwing down a heavy precipitate. This

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precipitate is the acetone insoluble antigen.

We started with the alcoholic extract and in making the acetone insoluble extract from it we see that the alcoholic extract contains quite a number of ether insoluble substances. These substances are often hemolytic; they are often anticomplimentary and they are not in any way antigenic. Chemically they are composed of proteins, salts and soaps. The soaps may interfere seriously with the reaction.

The ether soluble fraction contains an acetone soluble and an acetone insoluble portion; the insoluble portion we use as an antigen; the soluble portion contains neutral fats, free fatty acids, and cholestrin. It is only faintly antigenic and is often both anticomplementary and hemolytic. Now all of these substances are contained in the original alcoholic extract and may be sources of error in determining the reaction.

The choice of methods has also been discussed tonight. I believe the original Wassermann and the Noguchi modification to be the most logical. Between these two it is a matter of choice and training. In the hands of experts they are probably equally accurate.

In 1910 at the University of Pennsylvania, Noguchi and Swift ran a large series of tests, Noguchi using his own method and Swift the original Wassermann. The results were identical throughout.

I believe either system is accurate if the following facts are borne in mind: First, when an alcoholic extract is used as antigen, the patient's serum must be inactivated at 56 degrees centigrade for thirty minutes; second, when the acetone insoluble extract is used the patient's serum must not be inactivated. Heating the serum always destroys some of the so-called antibodies and this fact renders the Noguchi method slightly more delicate, thus giving a more positive reaction.

To my mind the most essential thing is a general understanding of the interpretation of results of the reactions.

Everyone should know that the complement deviation test for syphilis is not an absolute thing at all stages of syphilis; that it is influenced by treatment, by the stage of the disease and that there may be even a daily variation in the amount of an untreated case of syphilis.

Craig in the Journal of the American Medical Association, April 18th, gives a series of ten undoubted cases of syphilis, untreated, whose sera were tested every day for a week. There were two primaries, four secondaries and four latent cases. All cases showed great variation during the week, with one exception. This was a secondary and was constantly one hundred per cent positive.

I believe we may draw this conclusion form Craig's work: that as the reaction becomes weaker, the variations become greater. The reason for these variations and the reasons for the differences obtained by the various modifications of the test is, in the main, due to the fact that we do not know the nature of the reaction bodies with which we are dealing. Of this much we are practically sure: the reaction bodies are not specific syphilitic antibodies for they react with a non-specific antigen.

We may say this much with regard to the Wassermann reaction: It is at present the best method for the diagnosis of certain cases of syphilis in spite of the many technical points still unsettled. It should be used in controlling treatment for in many cases it is the only way we may be sure of the effect of our treatment.

One point I wish to mention in connection with the treatment. In my work with the complement fixation test I have noticed that when neosalvarsan is used a negative reaction does not appear as quickly and does not persist as long as when old salvarsan is used.

When you send blood to a serologist for a Wassermann expecting to get a certain reaction and you do not get what you expect just remember these things: that the Wassermann reaction is only a symptom and in many diseases the cardinal symptoms are absent or uncertain for a longer or shorter period of time. That as the reaction is only a symptom

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it must be always considered in relation to the other symptoms presenting. That one negative does not exclude syphilis or that a faint positive does not always mean syphilis. That many bloods are sent into the laboratory without a hint as to the clinical symptoms of the case and the examiner can only report the degree of the reaction and that it is up to you to interpret the result correctly, in the light of the clinical history, the lesions presenting all the results of the treatment the patient has had.

A. W. BRAYTON.
HARRY K. LANGDON.

A BY-PATH OF SCIENCE.

The late Dr. S. Weir Mitchell, during his long years of active work as a physician and scientist and his thirty years or so of production as a novelist and poet, explored many fields. No subject that he studied, either scientific or social, is more curious than the one he described in a little-known paper entitled "Of Ailurophobia and the Power to be Conscious of the Cat as Near, When Unseen and Unheard." In this paper Dr. Mitchell declares that there are persons who have been able to distinguish the presence of a cat by its smell, but can not any longer do so, and yet who retain ability to detect unseen cats.

"It is likely," he says, "that the cat emanations may affect the nervous system through the nasal membrane, although unrecognized as odors. Why these emanations should, if plainly perceived as due to cats, cause certain symptoms to those who dread cats, is readily understood.

"The ultimate cause of unreasonable terror of cats I can not explain."—From the Educational Department of the April Century.

HE KNEW.

The Sunday school teacher was talking to her pupils on patience. She explained her topic carefully, and, as an aid to understanding, she gave each pupil a card bearing the picture of a boy fishing.

"Even pleasure," she said, "requires the exercise of patience. See the boy fishing; he must sit and wait and wait. He must be patient."

Having treated the subject very fully she began with the simplest, most practical question:

"And now can any little boy tell me what we need most when we go fishing?"

The answer was quickly shouted with one voice:

"Bait." —Ladies Home Journal.

A REASONABLE INFERENCE.

A lady and her little daughter were walking through a fashionable street when they came to a portion strewn with straw, so as to deaden the noise of vehicles passing a certain house.

"What's that for, ma?" said the child; to which the mother replied: "The lady who lives in that house has had a little baby girl sent to her."

The child thought a moment, looked at the quantity of straw, and said: "Awfully well packed, wasn't she, ma?"

JUST AS GOOD AS EVER TOO.

An old physician was noted for his brusque manner and old-fashioned methods. A lady called him in to treat her baby, who was slightly ailing. The doctor prescribed castor oil.

"But, doctor," protested the young mother, "castor oil is such an old-fashioned remedy."

"Madam," replied the doctor, "babies are old-fashioned things."—London Opinion.

An automobile party had driven some distance into the country when the chauffeur discovered that he needed lubricating oil. He drove up to a farmhouse where a small boy was playing.

"Son," he called, "run in the house and ask your mother if she has any lubricating oil, or castor oil will do, if she has that."

Soon the boy returned and said: "Ma ain't got no castor oil, or nothin', but she said that if you would wait a minute she'd fix you up a dose of salts."—Med. Standard.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

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BACILLARY AND AMEBIC DYSENTERY

Lukis, in the British Medical Journal, says that in bacillary dysentery we may adopt either the saline or the bacteriological methods of treatment; but in the amebic form of the disease we must rely upon ipecacuanha or emetine.

There are two methods of treating bacteriologically a case of bacillary dysentery: (1) The use of a vaccine, thus producing an active immunity; (2) the use of antitoxic serum, thus raising passively the immunity of the patient.

Much work on vaccines has been done in India by Forster. His vaccine is prepared with the Shiga-Kruse bacillus, which he uses for all types of bacillary dysentery. The doctor uses it in both acute and chronic cases, but in acute cases it is contraindicated from the fourth to the twenty-first day. After this period inoculation may be commenced with an interval of ten days between each dose. In both acute and chronic cases the dose recommended for an adult male is: First dose, 0.1 Cc.; second dose, 0.2 Cc.; third dose, 0.3 Cc.; fourth dose, 0.4 Cc. Females and children are given proportionately smaller doses. According to Forster, these doses produce little or no negative phase, and in fourteen days the immunity is considerably raised, whilst a course of four doses usually suffices to get rid of all bacilli and to prevent the patient from becoming a chronic "carrier." Most authorities consider that on account of the severity of the local reaction and the risk of producing a negative phase, the vaccine method is best reserved for chronic cases, and that in acute cases it is inferior to the serum and saline treatments. Certain experiments, however, are now being made with "sensitized vaccines," which, as we are all doubtless aware, consist of bacilli which have become coated with specific antibodies, as the result of exposure to the action of an immune serum. Such bacilli are now "sensitized" and do not lose this property when killed by heat. As the result of this sensitization they are more easily dealt with by the leucocytes, and the toxicity of the vaccine is decreased, whilst its immunizing power remains unaltered. For these reasons Lukis is disposed to think that there is a great future before these sensitized vaccines, and that it may be necessary ere long to modify our views as regards the unsuitability of vaccine treatment in the acute stages of disease.

Antidysenteric Serums—These may be either monovalent or polyvalent, but the highest degree of immunity is conferred when the Shiga-Kruse bacillus is used in their preparation. These serums are of the greatest value in the acute stages of the disease, especially if there be profound toxemia unaffected by other forms of treatment. The dosage depends upon the strength of the serum used, and is, as a rule, marked on the vial, but it is necessary to give it in large doses, the injections being made with the usual antiseptic precautions, under the skin of the abdomen or flank. Thus the serum from the Lister Institute should be given in 20-Cc. doses twice or even, in severe cases, four times daily. The interval between the doses should be six hours. They need not, as a rule, be continued after the second or third day, and the only untoward effects likely to follow are urticarial rashes and other anaphylactic phenomena such as pain in the joints, etc. Text-books tell us that these complications may be avoided by the administration of calcium chloride or lactate. Experience does not support this statement, but it may be taken as granted that grave anaphylactic phenomena only occur when the interval between the doses is long or irregular.

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The remedy, therefore, is regular and systematic administration of the serum.

When the serum treatment can not be carried out, or when you get the patient in the first day of the disease, the saline treatment is the most useful. Indeed, in many early cases it suffices for a complete cure. Two drachms each of magnesium sulphate and sodium sulphate dissolved in one ounce of water should be administered, and then half doses of a similar mixture should be given every hour or every two hours until the motions become feculent, after which it is given every three or four hours for another twenty-four hours and then discontinued; but do not stop it too soon, otherwise the patient will still suffer from fecal retention, even though he be passing a large number of stools containing only blood and mucus.

Up till recently our only method of treatment of amebic dysentery was by huge doses of ipecacuanha. This treatment, if persevered in, was undoubtedly efficacious, but the nausea caused by the drug was so severe that it was extremely difficult to persuade patients to take it. To remedy this a de-emetinized ipecacuanha was put on the market some years ago, but this proved to be useless, and they were reluctantly compelled to return to their old methods. Recently, however, the treatment of amebic dysentery has been revolutionized by the researches of Vedder in 1911 and by the discovery of Rogers that the amebae can be quickly killed by the hypodermic injection of emetin, and that, when given in this way, the patient experiences no nausea or discomfort of any kind. Both the hydrochloride and the hydrobromide of emetin are equally useful, but the former is more soluble, the latter requiring 2 Cc. of sterile water or saline for the solution of one dose. Rogers begins with ⅛ grain, which is equal to 30 grains of ipecacuanha, but he now gives one grain of emetin each day, in two hypodermic doses of ½ grain each, and he claims that by this method all the amebae in the body can be killed in from two to four days, the average for a number of cases being 2.35 days. He has also shown that one or two ⅛ grain tablets may be given by the mouth on an empty stomach without exciting any great nausea, especially if they are keratin-coated. This method of administration does not effect a cure as speedily as when the drug is given hypodermically, but it may be useful when for any reason there are difficulties in connection with the giving of the injections.

The hypodermic injection of emetin is also a valuable aid to diagnosis. If one has a case which is suspected to be amebic dysentery, but which does not react to emetin within three days, one may be sure that the diagnosis is wrong, and one need waste no further time in treating it as such. Moreover, the powerful effect of emetin on amebic cases, compared with its uselessness in bacillary cases, may be taken as strong proof that amebic dysentery is really a separate entity. That is why in the earlier part of this paper Lukis states that we might reject the view that intestinal amebae play no part in the causation of this disease.

This is taken from the Charlotte Medical Journal.

A recent issue of the British Medical Journal says that James A. Raeburn was prompted to try the subcutaneous injections of emetin in pulmonary tuberculosis as a result of observations of Flandrin and Joltrain, who reported that its use checked many cases of hemoptysis. Raeburn confirmed their observations; he goes farther and finds that emetin seems to have considerable power of checking bronchitis, often causing its complete disappearance. It seems not to have any influence on the presence of bacilli in the sputum, or on the tuberculin reaction, its effect being solely on the bronchial inflammation. When there is a weak heart the drug should not be used, and in such cases its use has been found to be without beneficial influence on the bronchitis. He uses about 1.5 mgm. for the control of expectoration or to lessen the congestion of the bronchi. He has observed no ill effects with these doses.

Dr. G. W. McCasky, of Fort Wayne, reported in the Journal of the American Medical Association a case of amebic dys-

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entery of thirteen years' duration cured by the use of emetin hydrochloride.

S. E. Earp.

THERAPEUTIC NOTES.

Give pilocarpine nitrate hypodermatically in sciatica.

Read treats hiccough with ten-drop doses saturated vinous solution menthol, given in hot water every hour.

Brand treats gout with a paste of sodium bicarbonate. Make up a thick paste with a little water and apply thickly.

Schamberg treats vaccination sores with the following: Picric acid, 4 grams; iodine, 1 gram; alcohol, 100 grams. Paint parts.

An excellent sedative application is made as follows: Sodium chloride, 1 ounce; spirits of camphor, 1 fluid ounce; ammonia water, 2 ounces; water, 1 pint.

Lecithin is stated to reduce the toxic power of strychnine, hydrated chloral morphine, veronal and alcohol, when administered with them.

Salvarsan suppositories have been worked out. Take of salvarsan and novocaine, of each 1 part; sweet almond oil, q. s. to suspend powder; cacao butter, 10 parts.

Dr. Forget says: Of all the expectorants the most effective is vomiting; it is indicated in all cases of chest trouble in which mucus obstructs the bronchi.

To abort a coryza in the beginning, mix two grains of finely powdered opium with one ounce of water. Shake the mixture well and snuff up the nostrils every two hours.

Queyrat recommends the following formula in the treatment of genital herpes: Menthol, 3 grains; guaiacol, 3 grains; zinc oxide, 30 grains; ointment of rose water, 5 drachms.

Stern suggests in nicotine poisoning the following: Adonidin, 1 grain; ammonium carbonate, 18 grains; camphor, 6 grains. Divide into 12 powders and administer one powder 3 times a day.

In the treatment of oxaluria, especially cases marked by anemia and nervous atony, Hazard recommends the following: Dilute hydrochloric acid, 4 fluid drachms; tincture of iron chloride, 2 fluid drachms; water and syrup, q. s. 8 fluid ounces. Teaspoonful doses.

Equal parts fluid extract stillingia, tr. belladonna, tr. nux vomica and tr. physostigma is a formula recommended in hemorrhoids consequent upon hepatic engorgement and intestinal atony. Administer 20 drops of the mixture in water before meals.—Medical Council.

PUERPERAL INFECTION TREATED WITH MAGNESIUM SULPHATE.

J. A. Harrar is of the opinion that in proper quantities and dilutions magnesium sulphate is absolutely harmless when administered intravenously to women suffering with puerperal infection. It is of more value early in the courses of the infection than after secondary localization has occurred. In the chronic cases of secondary theombophlebitis or pyemia it does not appear to be of benefit. Its action seems to be chiefly upon the organisms circulating in the blood.

Magnesium sulphate shortens the course of the bacterial toxemias in which the bacteria can not be demonstrated in the blood by culture, and anticipates the establishment of a bacteriemia.

In Harrar's forty-six cases of puerperal infection with blood cultures showing streptococci, previous to 1910, but three survived, a mortality of 93 per cent. In the five cases with positive blood cultures since 1910, treated with intravenous injections of magnesium sulphate, all but one have recovered, a reduction in the mortality from 93 to 20 per cent. While this is a small series upon which to base percentages, a perusal of the case reports and of the temperature charts will show that they were desperately ill patients, and of the class heretofore doomed to a fatal issue.—American Journal of Obstetrics, November, 1913.

Feeling seedy, he went to his doctor,
And here's the advice he got:
"Indian clubs are good for the liver,
Bohemian clubs are not."

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MEDICAL MISCELLANY

DR. SPOTSWOOD, NOW 88 YEARS OLD, A MEMBER OF INDIANA LEGISLATURE OF 1853.

Dr. E. T. Spotswood, of Terre Haute, Ind., is believed to be the only living member of the Indiana Legislature of 1853, which favored a State-wide prohibition law. The current number of the American Issue says of the aged Terre Hautean:

"Dr. Spotswood, as a Nebraska Democrat, represented Vermilion county as a member of the house and voted for the enactment of this law, which two years later was repealed. While the vote on this bill was being taken in the house friends of the measure in the State House yard fired a cannon for each vote announced in favor of the bill. As soon as the measure passed, the speaker adjourned the house. The next day Dr. Spotswood learned that he had hardly left his seat when a hundred pounds of plastering, jarred loose, by the concussions, had fallen into his seat.

"Dr. Spotswood, who is now in his eighty-eighth year, is a direct descendant from Augustus Washington, who was a brother of George Washington. His paternal ancestor, Gen. Alexander Spotswood, was colonial Governor of Virginia. A daughter of General Spotswood, Dorothea, married a Nathaniel Danbridge, a descendant of Captain Bainbridge of the British navy. Their son, John Danbridge, became the father of Martha Danbridge, who was married first to John Park Custis, and, after his death, to George Washington.

"Dr. Spotswood graduated from Rush Medical College in 1851. In1905 he was one of the three oldest living graduates of that institution and may not be the oldest. He practiced medicine for fifty-four years. During the Civil war he was the senior surgeon of the Seventy-first Indiana Volunteers, which was later changed to the Sixth Indiana Cavalry. The regiment lost 419 in battle and fifty starved in Andersonville prison. On account of a special act of bravery at one time in causing a rebel attack, mistakenly directed against his hospital, to cease, Senator John W. Kern has recently introduced a bill into Congress to have Dr. Spotswood voted a gold medal. Dr. Spotswood is living with his daughter, Mrs. Harry Rhodes, at 1842 North Tenth street, Terre Haute. He is deeply interested in constitutional prohibition and hopes to live to see Indiana a saloonless State."

OLD AGE AS RECOGNIZED BY SHAKESPEARE.

The recent anniversary of Shakespeare's birth reminds us that one of our local physicians, Dr. W. B. Clarke, published a very carefully prepared synopsis of Shakespeare's familiarity with Medicine. It consisted of quotations and many valuable comments. Favorable comment was made by the Indianapolis Sentinel December 11, 1898.

The conclusion of the essay relates to senility as follows:

Jaques, the philosophic Jaques, says:

And so, from hour to hour, we ripe and ripe,
And then, from hour to hour, we rot and rot,

leading up to his famous and oft'-quoted "seven ages of man," "As You Like It," Act II, Scene 7, beginning:

All the world's a stage,
And all the men and women merely players,

and ending:

Last scene of all,
That ends this strange eventful history,
Is second childishness, and mere oblivion;
Sans teeth, sans eyes, sans taste, sans everything.

But fail not to observe that this is the utterance of a cynic and hypochondriac. To me there is no more beautiful pic-

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ture, with its frame of purest silver, than the benign countenance of the aged man or woman who has learned the great lesson of life, to grow old gracefully, and who can say, with Dr. Holmes, I'd rather be seventy years young than forty years old. Let this, then, be our lesson and our ambition, and if we succeed we and the world will be the happier for our having done our part. And

So live that when thy summons comes to join
The innumerable caravan which moves
To that mysterious realm where each shall take
His chamber in the silent halls of death.
Thou go not, like the quarry-slave at night,
Scourged to thy dungeon, but, sustained and soothed
By an unfaltering trust, approach thy grave
Like one that wraps the drapery of his couch
About him and lies down to pleasant dreams.

—Bryant's Thanatopsis.

Dr. Clarke is the author of the "New Things in the Medical World of Interest to the People," a contribution which for two years has appeared each Saturday in the Indianapolis News. It has been a means of educating the people in the right direction. The work is done well.

S. E. Earp.

GRADUATION EXERCISES OF INDIANA UNVERSITY.

The commencement address to the class of 1914 is to be delivered by Dr. LeBaron R. Briggs, dean of Harvard University, on Wednesday, June 24. The baccalaureate address to the class will be delivered Sunday evening, June 21, by the Rev. Owen Odell, pastor of the Second Presbyterian Church of Indianapolis.

The Indiana University Alumni Association is also making arrangements for the reunion of the following classes during commencement week: '89, '94, '99, '04 and '09. Judge Robert VanAtta, of Marion, of the class of '93, will deliver the annual alumni address at the alumni banquet to be held Tuesday, June 23.

The alumni association will hold its annual meeting in Indianapolis. The senior class and its friends will leave Indianapolis on a special train at 8 o'clock on the morning of the graduation exercises at Bloomington. President Bryan and Dean Emerson will have prominent places on the program.

DR. AND MRS. R. W. LONG GIVE $10,000 ADDITIONAL.

Dr. and Mrs. Robert W. Long, donors to the Indiana University School of Medicine of the Robert W. Long Memorial Hospital, now being erected in West Michigan street, near White river, have added $10,000 to the money and property formerly given by them to the State institution for the completion of the building. This brings the total amount of the donations from Dr. and Mrs. Long up to $260,000, according to an estimate of the total value of property contributed by Dr. Long. The additional gift will be used to make the hospital more complete. A subcommittee of the board of trustees of Indiana University, in session at the Denison Hotel, was surprised when Dr. Long appeared and gave it a check for $10,000. None of the members of the committee knew that such a gift was contemplated.

Dr. and Mrs. Long gave property valued at approximately $200,000 to the State institution for a hospital in 1911 during the session of the Legislature. The Legislature accepted the gift, which was to be sold and the money received used to erect a hospital to bear the name of Robert W. Long. It was decided to issue $200,000 in bonds on this property and use the proceeds for the hospital. About a year ago Dr. Long gave the board of trustees $20,000 additional in bonds.

TRIBUTE TO THE MEMORY OF DR. REBECCA ROGERS GEORGE.

The Marion County Homeopathic Medical Society adopted resolutions on the death of Dr. Rebecca Rogers George, who died April 17, paying tribute to her both

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as a physician and as a woman. The resolution follows:

"In the death of Dr. Rebecca Rogers George, the Marion County Homeopathic Medical Society has lost one of its most enthusiastic, loyal and distinguished members.

"As a student she was persistent, untiring and thorough; as a practitioner she was conscientious and eminently successful. In her we recognized the highest type of womanhood as well as physician.

"Therefore, be it resolved, that our society, in session assembled, do hereby testify to her sterling worth as a physician, councilor and friend.

"Be it further resolved, that we hereby extend to her husband, family and friends our heartfelt sympathy in their great loss and bereavement."

The funeral of Dr. George was held at the family home, 1209 Broadway. The body was taken to Pendleton, Ind., her former home, for burial.

THE INDIANAPOLIS MEDICAL SOCIETY.

President, T. B. Eastman; vice-president, E. de Wolf Wales; second vice-president, J. W. Carmack; secretary-treasurer, Alfred Henry.

March 31, 1914. City Hospital.

Program: Case Report of Elephantiasis of Scrotum, by Dr. F. R. Charlton.

This case is presented as elephantiasis for want of a more accurate term. Over 70 per cent. of oriental elephantiasis is easily demonstrable as due to the filaris sanguinis hominis. This parasite mechanically blocks the lymph vessels. Any cause producing such a lymphangiectasis may produce clinical elephantiasis, such as we see sporadically in cases that have never been in the tropics. Hektoen & Riesman state that "this condition of the tissues, slight or moderate or occasionally severe, may arise from obstruction of the lymphatics from any cause such as may occur after repeated attacks of erysipelas, after removal of lymphatic glands or from mechanical pressure of new growths." The present case distinctly dates from an extensive crushing injury. Cases similar to this have been pronounced by the pathological department of this hospital, "keloidal granuloma," "keloidal tuberculoma," etc. Simple keloid should not be easily confused, but a primary keloid modified by extensive lymph blocking, becomes so far as gross clinical appearances are concerned, elephantiasis. Surgical removal is the only treatment offering relief and the results therefrom are surprisingly good.

Case Report: Spinal Salvarsan. Dr. C. F. Neu showed cases receiving salvarsan intraspinally, calling attention to various methods used, some dangers that might follow, and the uncertainty of results of this treatment to date.

Case Report: Aortic Lesions. Dr. S. E. Earp. Dr. Earp presented three patients for demonstration. The first was a case of aortic regurgitation in which all characteristics were pronounced. A skigraph had been taken for the purpose of getting an accurate diagram on a bi-colored felt pattern. This was placed upon the body of the patient to illustrate the difference between the X-ray findings and the result of percussion; also to give an idea of the cor bovis. Attention was called to a failure of compensation when imperfection of the coronary vessels caused malnutrition of the myocardium. Cardiac hypertrophy in all its phases and Flints Murmur were discussed. It was also shown how there might be an absence of the Corrigan pulse due to dilatation of the ventricle or other defects. The second case was one of aortic regurgitation with a less pronounced water-hammer pulse, but a clear Flints Murmur, and the third case was one of mitral stenosis and mitral regurgitation.

"Demonstration of New Instruments for Removal of Adenoids and Tonsils," by Dr. Lafayette Page.

In removing tonsils by dissection one of the chief difficulties is obtaining an instrument that will hold the tonsil securely. The forceps shown, designed by me, has proved most satisfactory. The tissues are crowded together between the

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sets of front and back interlocking teeth in such a way that the tonsil can be held perfectly secure without breaking through the tissue until the operation of freeing the surrounding tissues is complete. A knife designed by me is convenient for dissection. The only cutting done is with the short and curved blade, just through the attachment of the anterior and posterior pillars with the tonsilar capsule, of attachment, then with the handle of the knife, which is especially designed, the surrounding tissues are pushed back until the capsule is completely exposed all around. The snare is then applied and the operation completed. A palate retractor for exposing the adenoid region in the naso-pharynx was shown. It enables the operator to keep the field of operation in view while removing the adenoids and afterward to see the points of hemorrhage and directly apply pressure with a sponge or use an artery clamp. With the field thus exposed the adenoid tissue can be thoroughly removed with the curette, or, better still, the different sizes of tonsilar punch forceps. The advantage of this method in thoroughly removing multiple adenoids is obvious.

The use of these instruments was demonstrated by the removal of adenoids and tonsils in two patients.

April 7, 1914.

Program: Case Report—Post-operative Gangrene of Abdominal Muscles. Resulting in Erosion of Deep Epigastric Artery, Due to Colon Bacillus Infection. Dr. A. S. Jaeger. Mr. B. T., age 32. Pain in right side, nausea, diarrhea, chills for three days. Oral temperature, 99-102. No bowel movement from February 27 to March 2. Large dose liquid albolene followed by very slight movement. Abdomen distended. Right unilateral rigidity. Dullness most marked in lower right zone. Tenderness, but little pain. Oral temperature, 101. Rectal temperature, 104 2-5. Diagnosis: Ruptured appendiceal abscess, complicated with obstruction. Operated March 2. Omentum deeply infected and adhered, forming ring around a loop of bowel which was congested but not gangrenous. Omentum released, followed by gush of foul pus containing several concretions. Drainage tube inserted and abdomen closed. In a few days unbearable odor ensued from wound. Skin incision opened. Subcutaneous tissue and muscles gangrenous. Progressive sloughing of external oblique and rectum followed. Twelve days following operation erosion of deep epigastric occurred. Pus smears showed strepto and staphylo-cocci. Daily blood count averaged 16,000 polymorphs. Treatment—Normal salt irrigations. March 17, 19 and 25 one c. c. Van Catt's combined vaccine. March 22 pus smear negative, necrosis improved, discharge nil. Conclusions: Grave conditions may be progressing though hidden. Variance in oral and rectal temperature in abdominal conditions. Virulent colon bacillus infections with much local devastation do not necessarily incite systemic reactions. Simple drainage of abdominal pus does not always remove all danger, as post-operative complications may prove very troublesome.

Paper: "Some Ocular Tumors and Their Lessons." Dr. F. C. Heath. This paper consists of a report of the clinical history, treatment and pathological findings in a series of tumors of the eyeball and orbit, illustrating different forms of growths, showing the advantages of timely and thorough removal and suggesting the possibility that prognosis after operation of such cases may be more favorable than sometimes supposed.

Paper: "What Every Woman Should Know About Cancer of the Womb." Dr. Bernays Kennedy. Direct instruction of women is advocated. The object is to urge that early diagnosis is the real and practical hope for the cure of cancer and to disseminate this knowledge in a manner which will bring cancer to operation in the early stages, when it can be positively and permanently cured. It is due to the failure of securing the successful treatment of cancer of the uterus that should be obtained, that the present campaign of direct education of women has been proposed. The early symptoms of cancer of the uterus have

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to do with vague and slight disturbances of the function of menstruation and the recurrence of slight but irregular discharges without disturbance of sensation or necrotic discharge, and it is of the greatest importance that women should recognize the possible significance of various slight irregularities. An educated medical profession is essential to the eradication of cancer and an educated and interested public is no less necessary. The belief that cancer is incurable by operation is not based upon facts. The duty of the physician is to overcome the prejudices of his patient by tactful presentation of the case. It is fatal to the patient for the physician to wait for physical changes in the cervix, such as proliferative or degenerative changes. It is the physician's duty to the public to urge that such an attitude toward possible cancer of the uterus is absolutely unwarranted, unjustifiable and culpable in the light of scientific knowledge. Discussion. Dr. W. F. Hughes: While angiomata, gummata, solitary tubercle and metastatic carcinoma are very rarely reported within the eyeball, practically the rapidly malignant glioma of the retina and the uveal sarcoma are the intraocular neoplasms which are found by the oculist. Glioma of the retina is a disease of early childhood and the percentage of recurrences following removal is high. Metastasis is not common. The uveal sarcoma when discovered and treated properly early gives a 25 to 40 percentage of recoveries. The many endeavors to trace an hereditary influence have practically always been unsuccessful. Traumatism as well as prolonged inflammation has been suggested as an etiological factor, but definite proof is lacking. The prognosis of intraocular sarcoma seems better than that met with by the general surgeon. Two cases were mentioned to corroborate the essayist in the view that the intraocular sarcoma is of rather low malignancy. The treatment of all malignant growths should be limited to immediate enucleation and complete removal whenever diagnosis is established. Dr. Sharp: Intraocular tumors, sarcoma and glioma should be diagnosed and removed. Early diagnosis means prolonged life if properly treated. Not always easy to do this. There is no pain until the second stage. Dr. Foreman: It is necessary to educate the profession as well as the public to lessen the spread of cancer. We are apt to let patients drag along without advising measures radical enough. The public mistrusts the physician's ability to diagnose and properly handle a case of cancer. Misconception of danger of cancer on part of public is evident. This shows education is needed. The quack gets in his work because he says positively he can cure, and this is what the patient is seeking. The lethargy of the public is appalling. It must be awakened if we would lessen mortality. Our inability to control our patients is a great handicap. Early diagnosis is the only salvation, and this is difficult. The breast and uterus are usually primarily attacked. Most other carcinomatous lesions are secondary. This fact helps to a certain extent. Keep patients returning for examinations. Do not neglect pathological examinations. Curettings or small section should be secured. Surgery is the treatment. Radium is indicated in post-operative cases and could be used in non-surgical cases. Dr. Ketcham: With the Abderhalden test in early diagnosis when cachexia is present there is no reaction because this ferment which is both specific and protective has been used up. When cancer is suspected and a positive test is found an extirpative operation is undergone. A second test should be made within a week or ten days, which should be negative. After that at intervals the patient should be tested for recurrence. Dr. Lee: I regret that every medical society in America can not have a number of such papers. Cancer can be cured by early and thorough surgery. Cancer is always preceded by definite changes and proper attention to these predisposing causes will prevent the disease. There are many conscientious cancer pessimists and many who are not awake to the importance of early diagnosis and as a re-

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sult of this procrastination many cases pass from the operable into the inoperable class. A strenuous effort should be made to overcome these evils. I am opposed to the publicity plan for the public, as it makes women more credulous and renders them easy prey for the charlatan who depends upon the press as a source of his business. I believe in fostering a confiding relationship between the family physician and his patrons. A special effort should be made to increase the tactics of doctors that they may be able to bring the sufferer to a timely inspection. Dr. Kennedy: Many cases are treated too long for surgery to help. Many cases are operated when they are inoperable. Relief can be obtained by intravenous injections of selinium. All cases should be tested by Abderhalden method. A few thousand cases will give statistics worth while. Dr. Padgett: Education of the public is good. Education of the profession is better. Diagnostic methods are tedious to patients. Patients dread curetments. Dr. Pfaff: The public is not so bad. It took to tuberculosis education fine. As to cancer we have learned many things, but very few things definitely. We can depend on the public to listen with a willing ear when we learn definitely to make an early diagnosis. A woman will go to a physician once or twice yearly for examination if told to. Teaching one to wait for early hemorrhage is a dangerous symptom. Then the cancer is advanced. Dr. Noble: Cancer of the uterus is a terminal event and must be discovered very early. All cases of cancer of the uterus have an antecedent pathology. It is criminal for a doctor to treat this pathological condition without examination for cancer. Dr. Kitchen: We must begin some plan for public education. It is not difficult to get people to watch for certain things. If properly advised, people are glad to do the things necessary to discover symptoms of cancer. Dr. Eastman: Most cancers of the uterus can be diagnosed twenty years in advance. A torn cervix should forewarn. Dr. Bernays Kennedy closed the discussion.

April 14, 1914.

Program: Paper and Case Report on "Tumors of the Spinal Cord." Dr. C. F. Neu. Experimentation, as well as clinical experience, has shown pretty conclusively that the structure and function of the spinal cord are of such a nature that when a destruction of nerve elements takes place there occurs but little, if any, regeneration. Hence, the importance of early recognition and removal. The present case was a woman 47 years old. During the past nine years she had suffered recurrent attacks of pain in the left side just beneath the ribs, lasting for several days and then disappearing, the last attack occurring in October or November, 1912, after which the pain extended to the right side, followed by numbness of the limbs and body, and two weeks later with jerking of the limbs, some difficulty and delay in urination, stiffness and difficulty in use of the limbs and a tight, cordlike sensation around the body at about the level of the umbilicus. Six months later unable to carry out voluntary movements. Muscle excitability exaggerated. Tendon reflexes exaggerated, bilateral ankle clonus —both marked on left side. Babinski toe phenomenon present. Superficial reflexes could not be elicited. Tactil sense lost to level of a line running around the body midway between umbilicus and ensiform cartilage. Sense of pain retarded. Temperature sense impaired. Urinary, blood and skiagraphic examinations negative. Tumor was diagnosed, nature unknown. Patient operated. An elongated ovoid circumscribed tumor, when reremoved size of which was 3 CM.x1.2 CM.x5CM. In six months patient was practically recovered. Tumors of the spinal cord are said to be relatively rare. Duration of spinal cord tumors depends upon the seat and character of tumor. In making a differential diagnosis the following have to be considered: 1, Neuralgia; 2, sciatica; 3, circumscribed serous meningitis; 4, vertebral tumors or caries; 5, hypertrophic meningitis; 6, chronic myelitis; 7, disseminated sclerosis; 8, syringomyelia; 9, tabes dorsalis. Treatment of tumors of the spinal cord

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or its membranes, apart from those of syphilitic origin, is wholly surgical. Even in many of the syphilitic growths anti-syphilitic treatment hitherto has been ineffectual. Recovery from the effects of the growth usually takes place in about six months, but may take several years.

Case Report: "Glioma." Dr. T. C. Hood. Case referred to at last meeting by Dr. Sharp. Specimen presented half the globe mounted in jelly, showing well the tumor. Case that of boy aged four and one-half. Left eye hit by a stone six weeks previous. Eye discovered to be blind. Tumor in vitreous seen by oblique illumination, probably antedated the injury. Yellowish reflex from pupil. Slight injection of globe, no pain. Prompt enucleation. Healing prompt, artificial eye placed in six weeks and worn with comfort. Late report, no return, doing well. This form of intraocular tumor is very malignant and soon fills the globe and extends to optic nerve and tissues of the orbit. If not recognized early or allowed to get beyond the globe a rapid return of the growth after removal and the death of the patient is certain. Early diagnosis and prompt removal the only course.

Case Report: Exudative Encephalitis, Closely Simulating Brain Tumor. Dr. A. E. Sterne. Patient was woman of 48, who had, for a number of years, manifested symptoms of a general nervous type, with difficulty in walking, frequent attacks of dizziness and vomiting, headache, some difficulty in vision and who had gained enormously in weight very rapidly in the beginning of her illness. The incidence of the affection lay ten years prior to the present time, after she had suddenly received the shock of her husband's accidental death. Patient was in a state of complete disorientation as to time, place and persons; very delirious; completely helpless physically and entirely confused mentally. Physical examination showed a weight of 280, irregular heart action, low pulse tension, very faint deep reflexes, pupils reactionless to light and a considerable degree of papillitis. Patient had a temperature of 103.6, was unable to sit up or walk, or even stand erect, and all movements were inco-ordinate. Vomiting was very frequent and the general aspect of the case was one of profound prostration with excitement. Urination was extremely scant, highly concentrated and black in color. Typhoid was barred by blood examination, as was also syphilis, the Wassermann test being negative. After a few days the fever subsided, but patient remained completely delirious for several weeks. Under administrations of salicylates internally and externally, the patient made a splendid recovery and at the time of report was perfectly clear mentally and in good physical condition, able to walk with assistance with perfectly steady gait; reflexes had returned and were approximately normal; there was no ataxia of movements and examinations of the optic fundi showed a practically normal appearance. Attention was called to the marked similarity of the symptoms presented, both prior to and during the period of acute illness, to those manifested by gross brain lesion. Discussion. Dr. Carter: In the diagnosis of spinal tumors, we will in the majority of cases encounter, first root, or sensory symptoms. The root symptoms depend on the relation of the tumor to the posterior roots and may be due to irritation or destruction. If a tumor is situated on the lateral or dorso-lateral aspect of the cord, the root symptoms will in all probability be unilateral and on the same side as the lesion, and they will be irritative with a zone of hyperesthesia, or destructive with a band of anesthesia, depending on the amount of pressure brought to bear on the posterior roots. The sensory symptoms of cord involvement will first be disturbance of muscle sense and perversions of pain and thermal sense. As the most superficial tracts of the cord carry the fibers of these senses, tactile sense will only be involved later, as the tactile sense fibers are more deeply located in the cord. Symptoms of muscle sense involvement will consist of slight inco-ordinate and early muscle fatigue. Symptoms of pain and thermal disturbance will be perver-

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sions rather than paralysis, and will consist of tinglings, numbness, hot and cold flashes, etc. In any case cord sensory symptoms will be bilateral as the sensory fibers cross at different segmental levels. The motor symptoms of cord tumor will be due to involvement of the pyramidal tracts, and will consist of a spastic paraplegia with increase of tendon reflexes. Trophic disturbances in spinal tumor are not usually prominent on account of the few anterior horns which are involved. In regard to the spinal fluid in cases of spinal tumor, Sicard and Foix have found an increase in the albumen content, with a normal cell count, in cases of extra dural tumor of non-syphilitic origin. In case there are degenerate changes in the cord, there is not only an increase in albumen, but an increase in the cell count as well. This may be considered of both diagnostic and prognostic importance. Dr. Humes: My particular plea is for an earlier recognition of spinal cord lesions by the general practitioner in whose hands these cases invariably fall first. A given case with motor and sensory disturbances of the lower extremities particularly, severe lancinating agonizing pains in extremities affected, in a case which gives no traumatic history to spine, should be immediately an object of suspicion, as relates to spinal cord compression. Regardless of cause, all cases showing increased reflexes, clonus, anesthesia, often superseded by hyperesthesia, a girdle sensation, together with tenderness over the spine at a relatively corresponding point to sensory disturbance, even these few symptoms should warrant surgical treatment. Authorities agree that all cases should be operated and that 50 per cent. are curable if operated before degeneration of nerve tracts. The treatment of cord tumors is surgical and the time spent in medical treatment is worse than wasted in 90 per cent. of cases. In operating, the upper limit of anesthesia should ordinarily correspond to middle of incision, as it is an easy mistake to approach the cord at too low a level. Do not be discouraged by slow results, as the return of normal functions may be delayed six, eight and twelve months and complete function as long as two and three years. Dr. Sterne: It makes no difference whether a tumor is of brain or spinal cord, extra medulary or intra medulary, it should be removed, barring luetic gumma. Removal by blunt end of instrument is best. Dr. Brayton: We are in doubt about the action of salicylates as much as we are about potassium iodide. Dr. Sharp: These cases of glioma are rare. We don't appreciate them. Dr. Hood has saved a little girl's life. Drs. Hood, Neu and Sterne closed the discussion.

April 21, 1914.

Program: Report of Cases. 1. Compound Dislocation of Ankle. 2. Uterine Suspension During Pregnancy. Dr. E. E. Padgett. 1. F. S., male, age 22 years, colored. Suffered accident February 13, 1914, in which a compound fracture of left ankle was produced. External malleolus was broken off at its junction with tibia. Capsule of joint and soft structures with skin ruptured, and lower end of tibia with articulating surfaces exposed. Synovial fluid escaped. Incision in joint capsule enlarged, and after iodine sterilization dislocation reduced. Capsule of joint stitched up and skin incision closed. Plaster cast applied. No infection developed, and motion not limited at end of two months. 2. Patient 23 years old, white. During first pregnancy symptoms of incarceration appeared, but were finally corrected by repeated bimanual manipulations, and pregnancy continued to a normal delivery. After puerperium uterus, which had been in position of retroflexion for a long time, returned to same position. About thirteen months later again became pregnant, and at about second month developed a threatened abortion. Abdomen opened under ether. Varicose veins dissected out of left broad ligament and uterus suspended by modified Gillam operation. Symptoms disappeared and pregnancy continued to a normal delivery. Puerperium normal, and position of uterus remains good.

Paper: "Diagnosis and Surgical

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Treatment of Goitre." Dr. Goethe Link. Simple goitre may be overlooked as the cause of important symptoms. Intrathoracic extension of the enlarged thyroid below the ring formed by the first ribs, sternum and vertebra will cause great disability and if large enough, death. The symptoms of hyperthyroidism, though common, are frequently not traced to the toxin of a goitre. Two conditions always present in toxic goitre are tachycardia and enlarged thyroid. It is doubtful if the effects of well established Graves' disease are ever entirely recovered from. The word "cure" must be relative, including arrest of progress of the disease. Several cases of mistaken diagnosis as to hyperthyroidism were related. One patient with substernal goiter pressing on nerve supply of vocal cords, with husky voice and emaciated from hyperthyroidism, had been treated for tuberculous laryngitis. Every woman with average pulse greater than 72 should have the thyroid examined. If there is a goiter belt, Indiana is a banner state. Simple goiters often become toxic. The heart is damaged in many cases of simple goiter. The use of iodine is harmful in every form of goiter except the rare cases where there is a deficiency of thyroid secretion. Hyperthyroidism is a frequent and important complication of medical, obstetrical and surgical cases. To show the innocence of thyroidectomy in simple goiter, a case was reported and pulse record shown. Post operative distress very slight and recovery rapid. A case of operation for severe hyperthyroidism was reported in contrast. The importance of the graduated operation was emphasized by case reports.

The earlier that operation is done for hyperthyroidism, the nearer it approaches operation for simple goiter with its slight danger. The writer's experience covering 25 operations upon 20 patients was reported. All were cases of toxic goiter except two. There were 16 thyroidectomies with one death; all living patients have been benefited, though the time has been too short to pronounce a cure. Litigation was done twice in hopeless cases for a palliative measure, the patients dying one year and six months later. The technic and cases were shown by lantern slides. The importance of skilled anesthesia was brought out, the writer preferring ether and gas oxygen.

Discussion. Dr. Keene:

There have been great advances along the line of goiter. In cases of increased heart rate in the gland enlargement we have decided the secretion is stimulating to heart. Crile's conclusion in handling is unique. His method of stealing precludes possibility of reaction. Later we will know more about which cases should be operated and which not. Ductless glands are being studied very much in laboratories the world over.

Dr. Eastman: We can do surgery in pregnancy as well as not. Dr. Padgett's report shows this. Dr. Link's paper was complete. I have observed the thyroid gland in many conditions. We must mention Dr. Crile among goiter operators. Crile sets out that Basedow's disease is one in which fear is the predominating factor. We must deal with exophthalmic goiter of fright. I think we can all diagnose goiter with few symptoms. Tremor tachycardia and exophthalmos should be remembered especially. Two cases were lost partly, probably, because they were treated too long. Not a medical case. Exophthalmic goiter at one time was a simple goiter. As to anesthesia I have used ether but am getting to use a local. Two cases have had trouble with their voices afterward in general anesthetic.

Dr. Oliver: Many cases of injury could be helped if every doctor carried some iodine and a few instruments. We can amputate any day. Never saw a case of tetanus injured in cinders. Had four deaths in first sixteen cases thyroidectomies. Simple goiter operation is not a simple thing. Polar ligation could have saved two cases. Cited case of both eyes sloughing from exophthalmic goiter. Graduation method and stealing gland are the two things I would recommend.

Dr. Dodds: Cited case of his mother who had tried everything for goiter until surgery cured the case. There are

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three generations of thyroid in my family. Thyroid means surgery.

Dr. Sterne: I want to emphasize element of fear in thyroid cases. This fear is allayed in Rochester by patients unoperated seeing patients having been operated. Many of these cases are luetic. There we have a medical and surgical case confined.

Dr. Link closed the discussion.

APRIL 28, 1914.

Program: Paper, Colliculitis. Dr. P. E. McCown.

The perfection of the modern urethrascope has revealed many interesting conditions never before seen in the living subject. It has made easy treatment to the urethra and bladder neck colliculus. Colliculitis varies from the highly inflamed and bleeding state to, in the chronic conditions, a pale, greyish, atrophic scar formation. The colliculus is described as a mound of tissue with a more or less elipticle or circular base, which rises into a pyramidal or cone shaped body, one to three-twelfths of an inch in height, with a pointed, dome shape or flattened top and is surrounded by openings of the prostatic ducts. The symptoms of this condition are illustrated by case report as follows: Married man had practiced withdrawal seven years; complained of urethral discharge, raw burning sensation in perineum and bladder neck, diminished sex power and desire. The pus proved to be sterile, thus showing non-venereal causation. Endoscopic examination showed a large, deep red, bleeding colliculus, extremely sensitive. Three applications of silver nitrate through the endoscope relieved the painful symptoms and reduced the organ to proper size and color. The belief is expressed that in addition to the foregoing symptoms, those of premature ejaculation, impotence and the other male neuroses, are not entirely due to the prostate and seminal vesicles but are the result in some instances, of colliculitis; for the colliculus is well supplied with sensory nerves, obstructs and receives the brunt of frequent voidance of urine which has a tendency to prolong the inflammation. It behooves us, therefore, when a case presents sexual symptoms or painful symptoms referred to the bladder neck to make a careful endoscopic examination of the posterior urethra; this is specially true when the case has not responded to urethral dilations, irrigations or prostatic massages. Under treatment the galvanocautery and the Oudin high frequency current are recommended, especially in cystic conditions; bladder irrigations in the presence of pus; posterior urethral installations of silver nitrate. The best results were had by direct applications of silver nitrate through the posterior urethrascope and special emphasis is given the use of this instrument in the diagnosis and treatment of this condition. In the chronic atrophic form of this disease irrigations and dilations with sounds and Kollman dilator are recommended.

"Technique of the Wassermann Reaction," was the title of the paper read by Dr. Bernard Erdman. After discussing the Complement Fixation Test, definitions of terms frequently used were given in detail. Charts illustrated the titration of various factors. After the original method and a presentation of the underlying principles of the Wassermann reaction, the various methods of different workers at home and abroad were covered. The method of Citron 1914 and the method of Dr. William L. Moss, as found in Emerson's Clinical diagnosis, were discussed in detail. Various titrations and set-ups for titration of the antigen, Hemolysin and other factors were illustrated. Interpretation of results closed the paper, together with description of the necessary apparatus.

Discussion. Dr. Hamer: In reference to colliculitis there is little positive literature on the subject. As to treatment it varies. Chronic and acute cases demand different treatment. When cystic a puncture eradicates. Silver nitrate solution seems a popular remedy. High frequency current helps cases where papillomatous growths are found. Dilatation is necessary in these cases.

Dr. Charleton: I wish to discuss Dr.

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McCown's paper as if from the standpoint of disagreement and yet not actually so. Colliculitis as a definite conservatively determined process of disease is all that he has described it as being and requires intelligent direct and general treatment. Colliculitis as a vogue or a specialists' fad, as I am afraid it is coming to be, may be greatly overemphasized and become productive of harm. Over several years I found in my own field of work touching these reddened follicles through an endoscopic tube with silver. Patches of apparent discoloration and thickening were so treated over long periods of time. One such case with a chronic discharge and many shreds in the urine went abroad for three months and dropped all thought of his local trouble for that period. He came back entirely well. Other cases have acted likewise so that in more recent years I have begun to think that after drainage is assured by the relief of connective tissue bands (strictures) and the infective principle has been eradicated, that the less active local treatment indulged in the better. I refer to the "picking at" policy and this is what I fear from the recent emphasis laid on colliculitis. The old chronic prostatic with a scar mass instead of a gland mass for a prostate will not be cured and his sexual virility restored by applications to the veru montanum. It will be the wise doctor who makes a strong application to the veru montanum occasionally and keeps "hands off" the rest of the time. We can't cure all cases.

Dr. F. C. Potter: The Wassermann test is difficult to do. Blood serum is incubated thirty minutes before putting in ice box. This gives more serum. Have always used a colestrinized antigen. An amboceptor 1 to 3200 is preferred. The complement varies, hence it should be titrated.

Dr. Langdon: The past ten years constitute an epoch in the history of syphilis that is unparalleled in the study of any other disease. The principle upon which the Wassermann reaction is founded is scientifically accurate, but our trouble lies in the execution of the test. We are agreed as to the specificity and reliability of the reaction, but much is to be said of the technique. Much discussion has centered in the antigen. There are dozens each having its own following. The two in most common use are the alcoholic extracts and thacetone insoluble extracts of human and animal tissues. – The complement deviation test for syphilis is not an absolute thing. It is influenced by treatment and by the stage of the disease. The Wassermann test is the best we have for the diagnosis of certain cases of syphilis. It should be used in controlling treatment. The laboratory man can report only the reaction in an unknown blood. The physician must interpret it.

Dr. Earp: Asked for information regarding the fallibility or infallibility of the Wassermann test.

Dr. Brayton: There has not been enough of the Wassermann in our society. Sixty-five per cent. of our clinic patients have syphilis. The Wassermann will enable us to make a proper reparation. But we must be conservative.

Dr. Cregor. In colliculitis we must not forget prevention. When in that kind of practice I learned to refuse treatment to those to whom I felt sure would not carry out all instructions. The Wassermann must be used as an aid.

NEWS ITEMS.

Dr. Frank Mann, formerly an assistant to Dr. Gatch at the University Medical School, has accepted a position with the Mayo's at Rochester, Minn.

Dr. Frank Brayton, formerly an interne at the City Hospital, has an office with Dr. A. W. Brayton, 330 Newton Claypool.

Governor Ralston has appointed Dr. J. L. Freeland to succeed Dr. J. R. Hicks, of Covington, as a member of the State Board of Health. Dr. Hicks has gone to California to practice medicine. Dr. Freeland formerly was superintendent of the Indianapolis City Hospital. He is a Democrat. He was appointed to the

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superintendency of the City Hospital by Mayor Shank, a Republican, and resigned about a year before Shank left office. Dr. Freeland was succeeded at the hospital by Dr. John W. Sluss. Dr. Freeland's appointment is for the remainder of the term of Dr. Hicks, which would have expired May 1, 1915. The remuneration of members of the State Board of Health is $10 a day for each day actually consumed in the course of the State's business, and necessary expenses. Other members of the board are: Dr. T. Henry Davis, Richmond, president; Dr. James S. Boyers, Decatur, vice-president; Dr. H. H. Sutton, Aurora, and Dr. John N. Hurty, State health commissioner and secretary of the board.

Dr. Joseph Rilus Eastman, of Indianapolis, has been invited to read a paper in a symposium on Cleft Palate at the Clinical Congress of Surgeons in London in July. Sir Arbuthnot Lane, Johan Ulrich of Copenhagen, Judd, of Rochester, Minn., Brophy, of Chicago, G. V. I. Brown, of Milwaukee, Percy Legge, of King's College Hospital and Professor Kieth, of the Royal College of Surgeons, will take part in the symposium.

Dr. A. C. Shipp, assistant of Dr. Alburger at the University Medical School, has accepted the professorship of pathology in the medical department of the University of Arkansas, at Little Rock.

Dr. Charles L. Rea, of Falmouth, Ind., died April 7.

Dr. Francis M. Carr, age 83, who has been established as a physician at New Market, Stark county, since 1855, and actively engaged in his profession until eight years ago, died March 18.

Dr. Harvey W. Sigmond, of Crawfordsville, received a telegram April 15, informing him of the death of his brother, Dr. R. H. Sigmond, of Durango, Mexico. Dr. Sigmond died of uremic poison. The message was sent by the American consul at that place. Dr. Sigmond attended Wabash college with the class of 1897, but left Wabash in 1895 to attend the University of Virginia, from which institution he was graduated in medicine in 1899. He had been practicing medicine in Mexico since his graduation. He was born at Grand Lake, Ark.

Dr. J. Y. Hitt, aged 82, the oldest physician and surgeon in Greensburg, died in his apartments in the Annex hotel April 14. He was a native of Jefferson county, Kentucky, but had lived in Greensburg for fifty-five years. At one time he practiced in Indianapolis. During the Civil war he was surgeon for the Seventeenth Indiana regiment and later for Wilder's brigade. For thirty years he was physician for the Big Four Railroad Company.

The engagement is announced of Miss Helen S. Shingler and Dr. Colin V. Dunbar. Dr. Dunbar graduated from the Indiana Medical College in 1906.

Dr. M. M. Carrick, of Dallas, Tex., who is conducting a sanitary survey of twenty American cities, declared April 4 at the Claypool hotel that Indianapolis is one of the cleanest and most sanitary cities in the United States, if not in the world. He praised the State and asserted that the State board of health, under the direction of Dr. J. N. Hurty, is doing efficient service and that the entire country is beginning to be attracted by the administration of the Indiana health officials. Dr. Carrick has been investigating the public health administration of many American cities, and is closing his researches in Indianapolis.

The home of Dr. and Mrs. N. D. Woodard was the scene of a pretty wedding April 14, the bride being their daughter, Miss Grace Woodard, and the bridegroom Myron Curtis Cosler, son of Mr. and Mrs. O. D. Cosler.

Dr. William F. Batman, of Ladoga, a graduate of Jefferson Medical College, class of 1880, and one of our leading physicians and contributors to the Journal, has been nominated by the Der

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cratic party of Montgomery county for county auditor in a convention of 153 delegates. He writes the Journal that his election is commended and that if elected he will give up his practice and devote himself to the office. Thirty-seven years of general practice should at least entitle him to do a consultation practice. Dr. Batman has a large view of public duty and will no doubt bring as much credit to his county as its auditor as he has brought as a physician. Success to him and congratulations in advance to the county.

Dr. Moses Thorner, of the Indianapolis Board of Health, has gone to Los Angeles, Cal., perhaps to stay indefinitely.

Charles Louis Lowry, son of Dr. and Mrs. C. O. Lowry, died April 21. About a year ago Dr. Lowry lost a son by the accidental discharge of a shotgun. In this hour of trouble many sympathizing friends also mourn.

Dr. D. W. Fosler, who spent several weeks at the Mayo clinic, has returned.

Dr. W. L. Haworth, who graduated from the Indiana University School of Medicine and later was interne at a New York hospital, became a surgeon in the navy in March. He has been ordered from Norfolk, Va., to Mexico.

Dr. Harvey A. Moore addressed the members of the Bible Investigation Club of the Y. M. C. A. April 29 on "Sex Hygiene."

MEDICAL MISSIONARIES.

It was Rudyard Kipling who spoke of medical missionaries and common missionaries. We wish to speak well of medical missionaries. All through Palestine, Egypt and Syria we found noble medical missionaries who had been hard at work at their posts for ten, twenty, thirty years. I well remember coming into Tiberus one night, a town on the sea of Galilee six hundred feet below the level of the Mediterranean. I asked the hotel keeper if there was a medical man in town. He refered me to Dr. Torrence. I found him at home looking happy with his three children, third wife and third mother-in-law sitting about him. He was a Scotch doctor and had been 29 years "on the job" at that particular post. He had a native assistant, a small hospital, several nurses and as many patients as he could handle. He entertained us kindly and the next day he and his American wife, accompanied us over to Nazareth and spent two days showing us the country. The Doctor could do this for he had walked, ridden and driven over almost every bit of it many a time day and night. It was touching to see the devotion of the people of that section to their Doctor. At Nabulus, ancient Sechem, a fanatical Mohammedan town where it is not safe for a Christian to go out alone, I found Dr. Clark, working away where he had been since he and I were students together at St. Bartholomews at London, 1881. At Assiut, up the Nile, I found my old friend and schoolmate, Dr. L. M. Henry, who is doing noble work and has been there for 22 years. He had some interesting pioneer experiences in Egypt when he used to count himself fortunate if he found a bag of onions to sleep on, onions and bed bugs being incompatible. He commenced on foot, then rode a donkey, a horse, a carriage and now an automobile. There are many others like these. E. S. M.

Patrick O'Rourke, an Irishman, had the misfortune one day of falling from the second story of a house just being completed. Mike Flaherty, the foreman, saw him fall and immediately called an ambulance, which in due course of time arrived. The surgeon gave one glance toward the still form and said, "he's dead."

Pat, who was coming to, heard him and, rising to a sitting posture, replied, "You're a liar; I ain't."

Mike was standing close by and took hold of Pat, gently saying, "Lay down, Pat, the doctor knows better."—Med. Standard.

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BOOK AND JOURNAL REVIEWS.

A Text-Book of the Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of Medicine and Clinical Medicine, Medico-Chirurgical College, Philadelphia. Eleventh Edition Thoroughly Revised. Octavo of 1,335 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $5.50 net; half morocco, $7.00 net.

This is a good treatise on medicine. The reference to differential diagnosis is more satisfactory than usually found in books of this kind; while brief, the facts are made plain. Instead of enlarging on diagnosis to the point of verboseness it is rather a succinctness. The clinical history embracing certain sub-headings is in reality general symptomatology and to some the various divisions would not make clear what is meant. There is an opportunity to favor confusion in the minds of the untutored. This is perhaps so small an untoward feature that a treatise so full of merit as this one deserves this point be left unsaid. I have used this book in my classes for many years because it is one of the best and the point mentioned has always been in my mind. I might say further that I still continue to use it as a guide in quiz work. The clinical symptoms are given more understandingly because of the mention of bacteriology and morbid lesions. Some authors do not do this, which I think is a mistake.

The therapy is worthy of praise. The value of each method is weighed carefully and the result given. For instance, in the use of antiseptics, it is recognized that these agents do not destroy the bacilli or counteract the ill effects of their toxins, but are indicated in tympanites, etc., hence Salol and some other antiseptics are mentioned. The author says that Salol has proved capable of controlling meteorism as nothing else has done in his hands. In typhoid and other fevers hydrotherapy is given due credit. This is sound doctrine. A young practitioner said to me, the index always supplies what I want, when I refer to Anders. This is one way to express it, and needs no comment from me. Such formulae have been introduced as Dr. Anders has found by experience to be possessed of real therapeutic importance. I have before me the subject of autointoxication, page 884. I looked up this topic because I heard Dr. Anders deliver a learned address before the Indiana State Medical Association some years ago upon all features of it. He gave much information. However, the space given to it in the book is two pages, so, of course, he evidently takes the stand that it, like malaria once did, "covers a multitude of sins," and we also believe with the late Dr. Forchheimer that the physician should never make the diagnosis of intestinal autointoxication until he has made a careful differential diagnosis eliminating everything else. By a well grounded experience and the careful study of the medical literature Dr. Anders has been able to present the profession with a valuable treatise on the practise of medicine that is throughout up to date.

S. E. EARP.

Science and Education: A Series of Volumes for the Promotion of Scientific Research and Educational Progress. Edited by J. McKeen Cattell. Volume II. Medical Research and Education. By Richard M. Pearce, William H. Welch, W. H. Howell, Franklin P. Mall, Lewellys F. Barker, Charles S. Minot, W. B. Cannon, W. T. Councilman, Theobald Smith, G. N. Stewart, C. M. Jackson, E. P. Lyon, James B. Herrick, John M. Dodson, C. R. Bardeen, W. Ophuls, S. J. Meltzer, James Ewing, W. W. Keen, Henry H. Donaldson, the late C. A. Herter and the late Henry P. Bowditch. New York and Garrison, N. Y., The Science Press, 1913. $2.50.

There are books of power, of history, of knowledge and books of inspiration. No collection of scientific lectures we have read combines all these characteristics more fully than the present series

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of essays. We earnestly wish that some of our essayists before medical societies in Indiana—county, district, and State—would get this book and read it before they write their "annual address." It would be easier for the writers and better and pleasanter for their hearers. These essays are by our ablest physicians dealing with biological questions. They remind one of the days of Huxley and Tyndal, the great expounders of evolution and physical science respectively. The writer has read every one of them, and the stimulus is tremendous. They bring one face to face with the great workers in the field of medicine. Round about the vast areas of the intellect extends the horizon of fancy and the emotions. Without vision the people perish. These scientific essays are, in a way, poems; they illustrate the contention of Wordsworth that science is fit material for poesy. Tennyson makes it so in the In Memoriam.

The Johns Hopkins Bulletin of May, 1914, gives an analytical and extended review of this volume from which we quote two or three paragraphs.

The basis of this handsome book of 536 pages seems to be the five Hitchcock Lectures delivered at the University of California in 1912 by Prof. R. M. Pearce, of Philadelphia (originally published in Popular Science Monthly), which cover 88 pages; the remainder of the book consists wholly of papers published during the past twenty years in various medical and scientific journals. They all represent different strata of thought during the period mentioned and consequently at the present time possess very different values. Some of the issues discussed have passed into history and have given place to new ideas and suggestions which a decade ago would have seemed subversive of proper conceptions of medical education.

The most interesting of Prof. Pearce's lectures relates to problems in immunology, protozoology, chemotherapy, physiological chemistry, experimental pharmacology and experimental pathology, in which he gives an admirable review of the studies in immunity which were initiated by Behring and Kitasato, and later led to the diphtheria antitoxin of Behring and Knorr; the anti-bacterial sera of Ehrlich; the opsonins of Wright; the practice of immunizing vaccinations as now best illustrated in typhoid fever; the Wassermann test by fixation of complement; the condition of increased susceptibility known as anaphylaxis; the study of filterable or ultramicroscopic viruses by Flexner and their relation to epidemic poliomyelitis.

In protozoology he speaks of the discovery of the first protozoon definitely associated with disease in man in 1860 and known in 1875 to be the cause of amebic dysentery; of the discovery of the plasmodium malariae by Laveran in 1880 which settled definitely the cause of malarial fever; of the discovery of the cause of Texas fever in 1893 and its mode of transmission by Smith and Kilbourne, which had important influence subsequently on the study of the transmission of malaria and yellow fever, sleeping sickness and other diseases due to pathogenic protozoa. This admirable review is followed by a review of the wonderful work of Ehrlich in devising a method of combating protozoan diseases by direct toxic agencies to destroy the specific protozoon; and of the discovery of salvarsan to destroy the spirochetes of syphilis. He believes that "with a record of about a dozen drugs which can be used to cure or modify disease caused by nearly a dozen different protozoa, chemotherapy offers promise of results which with serum therapy and vaccination in bacterial diseases will sharply limit the ravages of the transmissible diseases of man and animals." In the same lecture he traces the growth of physiological chemistry in its investigation of problems of digestion metabolism and secretion in health and disease to ascertain better the mechanism of cell activity and the interrelation of the functions of cells in different parts of the body. His references to experimental pharmacology, experimental pathology and experimental physiology, although much less extended, are full of

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interest. The whole series of five lectures is of unusual value and should go into the hands of all medical students. They bring into compact form the methods and results of medical research and point out suggestive means of further study.

There is to be another volume on "University Control," that will undoubtedly allow a similar plane of high idealism. The Popular Science Monthly was the oracle of evolutioning progress; through it our great scientists teach the world of reason and imagination. Its enterprise is worthy of all praise. Again we say to our essayists, "read this book before you write your annual address."

A. W. B.

In Memoriam: Dr. James Livingston Thompson, Dr. Daniel A. Thompson. Indianapolis, Indiana, The Hollenbeck Press, 1913.

This small volume is a collection of pleasant and fitting tributes to these two noteworthy practitioners of Indianapolis. They were both men of mark; but many fine men like them pass away, and their work and names are soon forgotten, for they are uncommemorated, and so such "In Memoriam" tributes are always precious records in the history of the medical profession. All friends of these two doctors will be grateful to see these warm expressions of affection and esteem thus perpetually recorded. (This appreciative note is from Johns Hopkins Hospital Bulletin of May, 1914.)

Practical Sanitation: A Handbook for Health Officers and Practitioners of Medicine. By Fletcher Gardner, Captain of the Medical Corps, Indiana National Guard, and First Lieut. Medical Reserve Corps of the U. S. Army; Health Commissioner of Monroe Co., Indiana, and Dr. James Persons Simonds, B.A., Professor of Preventive Medicine and Bacteriology, Medical Department University of Texas; late Superintendent Indiana State Laboratory of Hygiene. Illustrated, with 37 cuts. Pages, 400. Price, $4.00. C. V. Mosby Company, St. Louis, 1914.

This book is dedicated to Dr. Harvey W. Wiley, M.D., Sc.D., "whose services need no encomium." The preface by the authors is dated December 1, 1913. The book is well made, on heavy plate paper, and the print is first class. The style is good. Various authorities and tables have been used—there is no list of the authors consulted. There is an eulogistic preface by Dr. John N. Hurty—an introduction, rather—so that, all in all, it is an Indiana book—Gardner, Simonds, Wiley and Hurty. It sure should be good. It is a serious endeavor to provide in one volume, at a moderate price, a plain, non-technical exposition of the duties of a health officer, compiled from many sources and spiced and perfected by the practical observations of both the authors. It presents the established methods of combating disease without the theorizing as to the future. It provides a safe way for the health officer to meet any emergency which may arise—all the above is abstracted from the preface, and is confirmed by a reading of a considerable part of the book by the reviewer. To the end of convenience of the health officer one might wish this vade-mecum had been printed in a book one-half the size and price with leather covers, so that the "illy paid" and overworked and often reviled health officer could carry it in his pocket, and "pull it" like a cocked and loaded pistol before the face of the irate citizens, the stingy trustees, and petty city and town officers with whom he has to deal in enforcing the health laws and protecting the public from disease, death and disaster. But that is the business of the editors and publishers. The venereal diseases, syphilis and gonorrhea, receive six pages, succinct, sane and fervid. The eye destroying group presents trachoma, ophthalmia of new born, etc., sufficient to please Dr. Keiper, of Lafayette, and also to control these blinding disorders.

School inspection will suit Dr. John Hurty, who has accomplished more for physical education and betterment of school children than any other person or influence in our State of Indiana—and the same may be said of the collection of

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vital statistics which Dr. Hurty has done so much to increase and popularize in the Middle West. Indeed, the extension of the registration area has been, as Dr. Victor Vaughan remarked, the most important of our great State Health Officer, Dr. John N. Hurty.

But there is no need to go further. The writer of this note knows this entire group—the same Dr. T. B. Harvey took Dr. Wiley and the writer through three months each of typhoid fever—more cases than have occurred in the U. S. Army of 100,000 men in the year just closed because of the use of typhoid vaccine. It is enough that the present writer knows and loves and respects the Big Four who have put their names to this book. Every health officer should get it and read it and follow its teachings. It may keep him out of trouble.

A. W. B.

Electricity in Diseases of the Eye, Ear, Nose and Throat. By W. Franklin Coleman, M.D., M. R. C. S., Eng. Chicago.

This is a very practical treatise on the subject and while concise is sufficiently elaborate especially in conjunction with clinical addenda, to give the practitioner a very good working knowledge of what is being done in this field.

Especial emphasis is put upon the great number of conditions which may be treated with electricity in its various forms from X-ray to simple incandescent light and through numerous modifications from simple galvanism to major operations.

The diagnostic value of skiagrams in all suppurative conditions in these regions is being more and more appreciated and such a treatise as this contributes much to the busy man who has not the time for individual research as well as the one who desires stimulus for further progress.

The increasingly important processes of fulguration and electrolysis are duly outlined and sufficient of clinical data drawn from the author's practice and that of many specialists with illustrative cases render it easy to comprehend the text and to follow the methods recommended, both in determining the indications for and applying the selected form of treatment.

The illustrations of instruments and appliances are good and sufficient outline is given in the indications for employment, the methods of use and suggestions for interpretation of findings to enable one not familiar with them to begin practicing their use and to widen the scope for practitioners who are more advanced.

While one may have a different opinion as to whether some of the work being done with electricity may be better accomplished in other ways, certain it is that it offers a choice, sometimes demanded by patients fearing operations, and a study of such a volume as this cannot fail to broaden the horizon of most men doing work in these fields, whether general practitioners or specialists.

W. S. T.

A Textbook of Physiology. By Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia; Ex-Fellow in Biology, Johns Hopkins University, etc. Fourth Edition, revised and enlarged. Illustrated with 434 halftone and other engravings, many in colors. Philadelphia. F. A. Davis Company, 1913.

This book will meet the wants of the student admirably and will be of value to the practioner as a condensed ref erence book. Some details may be mentioned which will meet with especial favor. Compared with the former edition twenty-four new plates have been inserted and twenty pages added. There have been revisions of several of the topics; for instance, the internal secretions, the pineal gland and gonods, also some change in reference to the correlation of the ductless glands. There is a description of the electrocardiograms of the normal heart and of the heart in Stokes-Adams disease. Abderhalden's test for pregnancy is explained. Attention is called to researches upon exciting, inhibiting and synergistic hormones of the milk secretion.

The topics upon the heart, circulation,

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digestion and metabolism are unusually meritorious. This is not by any means a reflection on any other portion of the text, but rather those in which the reviewer found an especial interest. The plates are not old and copied ones. It is true that some are taken from standard sources as is always necessary in a limited degree, but some of the cuts have not appeared in any English textbook on physiology. S. E. E.

State Board Questions and Answers. By R. Max Goepp, M.D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Third Edition, thoroughly revised. Octavo volume of 717 pages. Philadelphia and London: W. B. Saunders, 1913. Cloth, $4.00 net; half morocco, $5.50 net.

The material for this book is taken in the main from state board questions and we might say only those from the larger and representative States. As the field widens, new subjects assume importance such as serology, and especially serum and bacterin therapy and others. In the selection of the material the author has sifted the lists carefully. There is always a mass of useless stuff presented and in this instance the "pruning-hook" has supplanted the grafting knife. This edition is quite a large one. Yet it could hardly be otherwise. There has been a demand for previous editions because the book has successfully met the requirements of its purchasers and the author has been thus rewarded for its publication. What more can be said? What more need be said? S. E. E.

Diagnostic Symptoms in Nervous Diseases. By Edward L. Hunt, M.D., Instructor in Neurology and Assistant Chief of Clinic, College of Physicians and Surgeons, New York City. 12 mo. of 229 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $1.50 net.

The desire of the author's students at Columbia University for information concerning the leading points and symptoms of the principal nervous diseases without referring to the larger textbooks, is the outgrowth of this valuable publication. This book will be a great aid in diagnosis and as a reference for both the student and practitioner. The author, assisted by Dr. Thomas H. Price, obtained the illustrations, which are mostly all original, from patients in his service at the Central and Neurological Hospital of New York City. The contents of this book embraces such important subjects as the examination of a nervous case, deformities, paralysis, tremors, trophic disorders, gaits, ataxia, convulsions, sensation, reflexes, the eye, disturbances of speech, aphasia, electric reactions, and, for references, a complete list of books and authorities are found at the end.

Pharmacology. Clinical and Experimental. A Groundwork of Medical Treatment, Being a Text-book for Students and Physicians. By Dr. Hans H. Meyer, of Vienna, and Dr. R. Gottlieb, of Heidelberg. Authorized Translation into English by John Taylor Halsey, M.D., with 65 Text Illustrations, 7 in color. Philadelphia and London. J. B. Lippincott Company. Price, $6.00.

There has been several movements inaugurated to encourage better teaching of pharmacology in medical colleges. It was found that many of the recent graduates had a deficient knowledge of this subject. The larger and more influential institutions have given it a place in their curriculum. Experimental pharmacology, as the author explains, in its widest sense deals with the reaction of living organisms to various chemical agents or otherwise expressed with their behaviour under chemically altered conditions of life. Therefore, pharmacology is looked upon as one portion of biology. A treatise on clinical and experimental pharmacology is needful. Here we find such an adjuvant. It teaches us how disease conditions are influenced by drugs and bears a close relation to the change of a pathological process not only obtained by drugs but also the chemical reactions furnished by the normal body. Furthermore, it gives us a better understanding of the action of a drug upon

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normal tissue, thus bearing a close relation to physiology. Again the change relative to the functionating process of the various organs when influenced by a therapeutic or chemical agent. To know these things is absolutely important not only to the clinician but to the general practitioner and surgeon. However, it is true that scientific drug therapy in this publication relates mainly to the physician's work presenting a view of the locality and cause of pathological processes. We can not commend the work of these two authors too highly. We find that for the consideration of the reader drug agents are divided into two classes, influencing organs or their functions and those acting on causative agents of disease. Very entertainingly the early portion of this book deals with the nervous system, which necessarily includes some detail information relative to special nerves, then follows the eye, digestion, reproductive organs and a special important chapter upon the pharmacology of the circulation. No less in importance are the chapters concerning the respiratory system, renal functions and heart regulation. While these are a few only there are others of equal importance. S. E. E.

International Clinics: A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners, by Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia. Volume 1. Twenty-fourth Series, 1914. Philadelphia and London. J. B. Lippincott Company. Price, $2.00.

No preamble is needed in a review of a copy of the Clinics, commendation has always been in order and at this time there is no need for an exception to the rule. The cardiovascular-renal regulation by other means than drugs, by Taylor, consumes thirty-six pages. Dr. Taylor has written a number of interesting articles, some of which appeared in the Cyclopedia of Medicine. Dr. Sajous is quoted concerning the adrenal secretion. He has been a champion of some of the ideas set forth in this article. He and Dr. Taylor have made many valuable contributions to medicine. Preceding this, Willson speaks of the treatment of nephritis and there are seven splendid plates, six of which are colored. In discussing rheumatism Davis believes that the salicylates are most useful in relieving pain and are mildly specific for the disease. Illustrative cases are given. Reference made to Rosenow streptococcus which produces experimentally an arthritis comparable to that of rheumatism. Hoyt has done well in his compilation of the present knowledge of therapeutics respecting common poisons. Those looking for a new method of an inhalation treatment will find one by Thomas. The name of Victor C. Vaughan as the author of an article ought to attract the attention and no doubt other will feel, as the reader does, amply repaid for reading what he says about the importance of frequent and thorough medical examination of all citizens. The surgical contributions in this issue are good. Cattell, Walk and Wilson furnish the material detailing the progress of medicine for 1913. It covers ninety-two pages and is entertaining as well as instructive. S. E. E.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D. Assisted by Leighton F. Appleman, M.D. March 1, 1914. Volume XVI, No. 1. Lea & Febiger, New York. Six Dollars Per Annum.

The contents of this volume consists of surgery of the head and neck, by Charles H. Frazier, M.D.; surgery of the thorax, excluding diseases of the breast, by George P. Muller, M.D.; infectious diseases, including acute rheumatism, croupous pneumonia and influenza, by John Ruhrah, M.D.; diseases of children, by Floyd M. Crandall, M.D.; rhinology

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and laryngology, by George B. Wood, M.D.; otology, by Arthur B. Duel, M.D.; Index. There are thirteen pages devoted to cancer, both medical and surgical methods are detailed and the plates are a help to the understanding of the reader. It is suggested that the enthusiasm for radium which has swept the country is apt to make us lose sight of the main point of issue and it is asserted that the only possible way at the present time that we can get ideal results is by operation. Some new signs in cerebrospinal fever and the differential diagnosis are given. We find a resume of the accidents following the subdural injection of anti-meningitis serum, then follows the treatment of the disease by drainage of the cisterna magna. The material, poliomyelitis and pellagra, grouped by Dr. Ruhrah, will be read with interest. Considerable is said concerning the acute infectious diseases of children, by Crandall, such as asphyxia neonatorum, meningeal hemorrhage in the newborn, pyloric obstruction in infancy, blood pressure in childhood and heart disease in children. However, these are but a few of the topics of importance under the head. Food is discussed from every standpoint and, of course, this embraces artificial feeding. We find the rhinological and laryngological contribution of Wood exceptionally complete. S. E. E.

Diagnostic Methods. A Guide for History Taking, Making of Routine Physical Examinations and the Usual Laboratory Tests Necessary for Students in Clinical Pathology, etc. By Herbert Thomas Brooks, A.B., M.D., Professor of Pathology, University of Tennessee. College Medicine, Memphis, Tennessee. Second edition, revised and enlarged. St. Louis. C. V. Mosby Company, 1914. Price, $1.00.

This little book will be helpful to many physicians and especially will it be appreciated by hospital internes and senior students. The tests are reliable and with the information this treatise provides there may be an assurance of accurate work. However, one thing needful is to know how to interpret the results. With this addition occupying 164 pages instead of 82, the book would be worth several times the present price. However, the author probably takes it for granted that no person will desire to perform a test unless well versed in its interpretation. The intent of the book is well met, but in another edition we hope to see additional information. The chapters on the blood, gastric contents and the sputum are worth more than the price of this book. S. E. E.

Ten Sex Talks to Girls (14 years and older). By Irving David Steinhard, M.D., Instructor in Clinical Surgery and Assistant Surgeon, Cornell University Medical School, Assistant Pediatrist Mount Sinai Hospital, New York City; Orthopedic Surgeon New York Hospital and New York Hospital and Dispensary, etc. With six illustrations. Philadelphia and London. J. B. Lippincott Company. Price, $1.00.

These printed talks are the outcome of a series of lectures delivered by the author in New York City and first published in the New York Medical Journal and after a careful revision, published in book form.

The first chapter is an anatomical and physiological discourse on the human body, with details referable to the abdomen and its contents. The description is couched in simple language which can be easily understood. Illustrations make plain what is said. The function of each organ is given. Then follows an outline which furnishes a reason for the change in the disposition of the young girl and the menstrual epoch is made clear, with information which enables the person to avoid abnormalities in function.

Quite naturally this prepares the way for a discussion of child-birth. Good advice in the prevention of disease mingles with the text throughout. The evils of masturbation are pointed out and warnings given. The cause and danger resulting from venereal diseases is an important portion of this treatise and it is made plain that there is absolutely no reason or excuse for either man or woman indulging in illegitimate sexual rela-

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tions on the grounds of health or otherwise. Social purity is urged, both in word and deed, to make the individual happy and continue to be so, also to add to everybody's happiness. The picture of syphilis and gonorrhea is made in careful and logical language. Perhaps it is vivid enough, for fright and horror sometimes produces a frenzied excitement and the warning is unrealized or forgotten. The author favors mingling of both sexes from infancy to old age and assigns reasons therefor.

Reference is made to women who copy from the underworld of immorality certain articles of dress and it is suggested that such dresses are calculated to drive the thoughts of men into one of two grooves—disgust at the lack of decency, or that of sexual desire. In dress reform the author calls a spade a spade. In the last two chapters the mother and her baby receive careful attention. Throughout the subject is treated with delicacy, but facts are not obscured. Hygiene of the sex is too sparingly understood by those who should profit by a knowledge of it. If all young girls could become conversant with the contents of this book it would be the basis of a social uplift for the betterment of humanity. S. E. EARP.

RESEARCHES ON RHEUMATISM.

The following extract from a review of Poynton & Paine's Researches on Rheumatism will be of deep interest to the profession in America:

"Its clinical features familiar to every one, examples of it at all times present in hospital wards, rheumatism still affords endless opportunity for investigation and discussion. Few workers have done more in this direction than Drs. Poynton and Paine, who long ago convinced themselves that a microbic origin must be discoverable, and who have succeeded in isolating an organism which fulfills all the classic requirements of a specific microbe, being found to produce the disease in lower animals, from whom in turn it has been re-isolated. Together, separately, and sometimes in conjunction with other physicians, they have from time to time made known the results of their researches to the profession, and many discussions have been held, papers written, and criticisms offered in support of their contention or the reverse. They have now brought most of their papers together into one portly volume, entitled Researches on Rheumatism. The papers are for the most part arranged in chronological order, and taken together form a consistent account of a very protracted research which has acquired a special value as the joint work of clinicians and bacteriologists. * * Full advantage has been taken of the opportunity afforded by the clinical practice of the Great Ormond Street Hospital. * * The final section of the work deals with acute rheumatism as a whole."

We obtained this item from the April monthly list published by the Macmillan Company, 66 Fifth avenue, New York. We append another one which was noted with pleasure.

Publishers as well as librarians generally regard the A. L. A. Booklist as the most reliable index of the best books published. The February issue of the Booklist, which contains a selected list of the best new books adopted for State use by the League of Library Commissions, lists about 171 books, representing 53 publishers. Of these 27 or about 16 per cent. are publications of The Macmillan Company. The next largest number of publications from a single publisher is 14. S. E. EARP.

MAY CENTURY NEWS NOTES.

Commuters with their heads full of gardening problems, will be interested to read of the Government's heroic struggles against the gypsy moth and other pests, which is described in the May Century by Harold Kellock, under the title of "The Winged Armageddon."

Have you heard of the Lunists who go one step further than the Cubists or Futurists? This cult is described in the May Century in a story called "The Rise of Menai Tarbell," by Thomas W. Wilby.

James Davenport Whelpley, author of "The Trade of the World," well asks in the May Century Magazine the question, "Are We Honest With Japan?"

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INDIANAPOLIS MEDICAL JOURNAL

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SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
24½ Kentucky Ave., Indianapolis.
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ORIGINAL COMMUNICATIONS.

RESULTS OF THE INDETERMINATE SENTENCE LAW AND THE SUSPENDED SENTENCE LAW.

By Amos Butler, Indianapolis, Secretary of the Board of State Charities.

Some confusion exists in the public mind concerning the various methods of releasing convicts from the state prisons and the reformatory. Unless imprisoned for life or held for execution, they may be discharged by the prison authorities at the expiration of their minimum sentence; they may be paroled by the institution parole board established by the indeterminate sentence law; they may be either pardoned or paroled by the Governor. Since 1903 the Governor has had the assistance of a State Board of Pardons, whose duty it is under the law "to examine thoroughly and carefully into the merits of all petitions which may be presented to the Governor for the pardon of any person convicted by any court of the State of Indiana or by any court martial held under and by the authority of the law of Indiana and to report to the Governor in writing their conclusions and recommendations in each case." Under still another statute, convicted lawbreakers with certain specified exceptions, may be placed on probation under a suspended sentence. In the event of a conviction for felony, the order of the court suspending the sentence has the effect of placing the offender under the control of the institution to which he otherwise would have been committed and he is subject to all the rules governing paroled prisoners.

We have received from the State prisons and the Reformatory statistical data on the results of two of the systems mentioned above: the indeterminate sentence and parole law and the suspended sentence law so far as the latter applies to the institutions named. Both systems are working very well. The success of the indeterminate sentence law has been remarkable. Out of a total of 7,799 persons paroled during the sixteen and one-half years the law has been in force.

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2,024, or 25.9 per cent., have violated their parole. Of 1,133 persons whose sentence was suspended and who were placed under the supervision of State authorities, 334, or 29 per cent., were failures. The most serious difficulty encountered by the State authorities in supervising suspended sentence cases, is the failure of county officials to report the cases promptly and to hold them until they are taken in custody by the State probation officer. Consequently the parole officer is occasionally unable to locate the paroled prisoner and the intention of the law is defeated. Nothing is so certain to bring the law into disrepute as a haphazard administration of it. It is our understanding that there has been improvement of late. Notwithstanding the disadvantages under which the law operated, it has in the main shown good results. Better work can be done if the local officers will follow its provisions carefully.

After sixteen and one-half years' experience under the indeterminate sentence and parole laws, it is shown that out of every one hundred prisoners paroled, 57 fulfill their obligations and are discharged from supervision, 26 violate their parole, 2 die, the sentence of 6 expires during the parole period and they are automatically discharged; the remaining 9 are under suspicion at a given time, reporting regularly.

The percentage of parole violators varies but little in the three institutions: 765 out of 2,916, or 26.2 per cent., at the State Prison; 1,198 out of 4,670, or 25.6 per cent., at the Reformatory; 61 out of 213, or 28.6 per cent., at the Woman's Prison.

The financial report of the paroled prisoners makes an interesting showing. Their earnings during the time they reported, up to September 30, 1913, amounted to $2,142,253.31; expenses, $1,774,672.42; savings, $367,580.89. In other words, these men and women instead of costing the State an average of $172.00 a year each (the average per capita cost of maintenance in the two State prisons and the reformatory for the year 1913), have been released under supervision and have earned their own living and at the time they ceased reporting had on hand or due them savings averaging nearly $50.00 each. This is not regarded as the most important result of the system, but it certainly is a highly valuable feature.

Taking up the institutions separately, the records show that the State Prison has paroled 2,916 men since the law went into effect, of whom 1,688 have been discharged, the sentence of 134 expired during the parole period, 515 violated their parole and were returned to prison, 250 parole violators are at large, 51 died and 278 are reporting. Their financial reports indicate earnings amounting to $823,136.69; expenses, $629,800.69; savings, $193,336.00.

The Reformatory reports 4,670 men paroled, of whom 2,666 have been discharged, the sentence of 295 expired during the parole period, 609 violated their parole and were returned to prison, 589 parole violators are at large, 78 died and 433 are reporting. Their financial reports indicate earnings amounting to $1,315,642.76; expenses, $1,143,078.54; savings, $172,564.22.

The Woman's Prison reports 213 women paroled, of whom 105 have been discharged, the sentence of 23 expired during the parole period, 35 violated their parole and were returned to prison, 26 parole violators are at large, 7 died and 17 are reporting. Their financial reports indicate earnings amounting to $3,473.86; expenses, $1,793.19; savings, $1,680.67.

Adult Probation.

The several circuit and criminal courts have authority under Chapter 236 of the Acts of 1907 and its amendment, Chapter 174, Acts of 1909, to suspend the sentence of persons convicted of felony or misdemeanor, or who have plead guilty to such a charge, except for the crimes of murder, arson, burglary, rape, treason and kidnapping. It is left wholly to the judgment and discretion of the judge to determine when the sentence shall be suspended. If the character of the offender and the circumstances un-

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der which the offense was committed warrant him in thinking the interest of society does not require that the convicted culprit shall suffer the penalty imposed by law, judgment may be suspended.

If the sentence be to a jail or workhouse, the person may be placed under the supervision of a juvenile court probation officer, or in counties which have no such officer, of some discreet person who will agree to serve without pay. upon such terms and conditions as the judge may deem proper.

The law provides a different method of procedure if the sentence is to one of the State prisons or the reformatory. The effect of suspending the sentence is in all respects the same as though the person had been committed to an institution and had been paroled therefrom by the parole board. Once taken in charge by the parole officer of the institution he is thereafter in the legal custody and control of that institution and is subject to all the rules and regulations governing paroled prisoners. It is the duty of the clerk of the court to notify the institution within five days after the action of the judge and to require the person to remain within the jurisdiction of the court until the agent of the institution has arranged for his employment. The parole is effective only during good behavior. If the person completes the term of his minimum sentence without having his parole revoked, it is the duty of the institution to certify that fact to the judge who revokes the sentence and releases him. If the parole is violated the law provides that the original sentence shall be carried out.

So far as this law applies to the State penal and correctional institutions, the results are shown in the following table. It is significant of the present-day attitude toward the law-breaker that instead of going to State prison for their offenses, 1,133 men and women guilty of crime have been given "another chance" in the six and one-half years the law has been in force, and have been helped by the State to make the best of the opportunity. Of this number 334 betrayed the confidence placed in them. Sixty-two of the 334 have been sent to the institution to which they were originally committed and 272 are delinquent. Out of the whole number, therefore, 29.4 per cent. were failures. Of the remaining 799, or 70.6 per cent., 2 have died, 8 are awaiting employment, 331 are under supervision and 458 have been discharged from supervision. While the State has been put to some expense to supervise these persons, it has at the same time been saved the cost of their maintenance in prison, which, at the average rate for the year just closed, was $172.79, or 47.3 cents per day per capita. The value of the work in reclaiming those who have been successful under the probation treatment can not be shown in figures.

	State Prison.	Reformatory.	Woman's Prison.	Total.
Discharged ..	214	231	13	458
Committed for violation	45	14	3	62
Delinquent ..	54	214	4	272
Died	2	...	..	2
Awaiting employment	8	...	..	8
Reporting ...	55	267	9	331
Total	378	726	29	1,133
Percentage of violations .	26.1	31.4	24.1	29.4

WALRUS SLAUGHTER.

That the walrus is rapidly nearing extinction is the warning sounded by the Daily Industrial News, of Nome, Alaska. That paper describes the slaughter caused by one crew in a single season. The catch amounted to 723, of which 420 were cows with calves. Many were fatally wounded or shot dead and never recovered. A full grown bull walrus weighs a ton. The walrus is a tempting bait to the hunter because of the amount of wealth found in the skin, the oil and the rich ivory in the tusks. The disappearance of the walrus means the extinction of the Eskimos, who depend largely on this animal for food supply, fuel, lights, boats and leather.

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APPENDICITIS SIMULATING GASTRIC ULCER.

By Paul F. Martin, M. D., Indianapolis, Assistant Professor of Surgery, Indiana University School of Medicine.

The chief object of this brief report is to urge caution against the assumption of primary gastric diseases on the mere basis of predominating stomach symptoms. It has long been common knowledge that in general diseases, stomach symptoms are often most conspicuous, frequently entirely overshadowing any manifestations of the originating disease. Primary lesions of the heart, lungs, kidneys and of other distantly remote organs thus find initial expression by giving stomach symptoms. Less frequently, however, do we find stomach manifestations entirely obscuring the real source of the symptoms when due to pathological lesions of organs within the abdominal cavity, other than the stomach, such as the biliary tract, intestines and appendix.

In the case of this report the clinical indications seemed characteristic of gastric ulcer. The ordinary symptoms of appendicitis were absent. At operation there was no evidence of any ulcer or other local gastric lesion. The appendix was found to be diseased and was removed, all symptoms disappearing after operation and the patient gaining complete relief.

Case of J. D., aged 25, motor car tester; single; usual diseases of childhood; no other illnesses; denies venereal history.

Present complaint. Chiefly paroxysmal epigastric pain, nausea and vomiting; as a rule symptoms aggravated soon after taking food, usually one-half to one hour after meals. Vomitus contains blood. Three months before admission to hospital laparotomy had been done for gastric ulcer, no positive findings revealed; symptoms failed to subside after operation and even persisting with increased severity so that now he is hardly able to retain any food in the stomach.

(Read before Indianapolis Medical Society March 24, 1914).

Status praesens. Four days' close observation disclosed the following prominent facts: Nausea, pain and vomiting at irregular intervals usually one-half to one hour after meals. One night at 9:30 and on another occasion at 10 p. m. vomiting occurred. Vomitus contained blood, no evidence of blood in stools. Pain localized in epigastric region. Slight abdominal muscular rigidity, right rectus rigidity not especially perceptible. No subjective manifestations directly referable to the appendix, no abdominal tenderness on palpation over McBurney's point, but when pressure of the examining hand was combined with contraction of the psoas muscle by flexing the thigh with leg in extension, distinct tenderness could be elicited over McBurney's point. This phenomenon suggested the possibility of a retrocecal position of a diseased appendix which was confirmed at the time of the operation.

Urinalysis negative. Gastric juice analysis indicated what is ordinarily considered a normal chemical composition.

Total ac. 43 C. C. (Na O H)
Comb. ac. 22 C. C.
Free H C L 20 C. C. (2 per cent.)

The radiographic plates after bismuth meal are of special interest, for the explanation of which I refer to Doctor Egart.

I should like to take occasion at this opportunity to say something of the comparative value of the chemical analysis of gastric juice in diagnosis. An attempt to build up a pathologic basis on such a chemical analysis has proven a dismal failure. It has been shown that the character of the food changes the chemical composition of gastric juice, that psychic influences alter the chemical composition and also that in many non-gastric conditions the chemistry of the stomach juice is changed. Furthermore, to show the relative unimportance of the chemical composition of the gastric juice

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as a vital factor we may point to the fact that in partial gastractomy and in gastro-enterostomy, though normal chemical composition is interfered with, comparative health and comfort may be maintained.

The stomach mechanics is by far the most important element influencing health and the chief factor to be ascertained in diagnosis. To this end the X-ray and bismuth meal are of utmost value. In the radiographs taken of the patient in question no evidence of gastric ulcer or perigastric adhesions can be demonstrated, but a condition suggestive of pylorospasm is pictured. The symptoms may be logically attributed to this spasm. The pyloric apparatus is not controlled by the stomach itself but by the duodenum and midgut.

Pyloric closure has been demonstrated in experimental gunshot wounds of the intestine to prevent food from coming down into the injured area. Disturbances in the assimilative tract of the intestine often bring about a pyloric spasm which delays the food in this gastric reservoir, prevents its emptying too rapidly into the crippled intestine below and results in gastric manifestations. This principle seems to me a plausible explanation for the marked gastric disturbances in this case of chronic appendicitis in which the stomach acted as an indicator and sounded the alarm for the abnormally situated diseased appendix.

PHYSICAL EDUCATION IN PUBLIC SCHOOLS, LAFAYETTE, INDIANA.

By W. W. Vinnedge, M. D., Lafayette, Indiana, Together with a Discussion by Valley Virginia Boyer, Supt., etc.

About six years ago the board of trustees of the public schools of Lafayette began the application of medical inspection and instruction in one of the graded schools here. The innovation was committed to one of the teachers in the building, Miss Boyer, who was well qualified for the work in both pedagogy and biology. She soon demonstrated to the board and the parents of many of the school children the vital necessity of her work in behalf of defective and deficient pupils, and, obviously, efficiency and discipline among the healthy children. The year following this beginning the board wisely extended medical inspection or supervision to the different graded schools in the city, eight in number, and to the High School, as required from time to time. Further, Miss Boyer was selected to introduce and prosecute this beneficent work under the title of "supervisor of physical education," etc. She has done her work so thoroughly and tactfully that approximately 2,500 scholars have undergone physical examinations more or less complete at her hands in the different school buildings, within school hours, during the past school year, and where necessary, the parents or guardians were sent polite written notices of her investigations and findings as to their children and in each instance these communications bore recommendations suggesting that a physician be consulted with as little delay as possible where that step appeared necessary. So far there has been no compilation of statistics here, but our superintendent of public schools says inspection declares that a very high per cent. of pupils show physical defects of some sort—possibly 40 or 50 per cent. Probably the defective children in the schools here would be fairly represented by the classification of defectives in the schools of Oakland, Cal. There the current report says "more than 42 per cent. of the defective children had decayed teeth, 28 per cent. had diseased tonsils, 18 per cent. were "mouth breathers," 8 per cent. had adenoids, and another 8 per cent. had enlarged glands." While it is true that many of the ailments or defects discovered and noticed were slight, this fact only emphasized the necessity for the immediate use of remedial measures, while the children are growing, before mature age renders them incurable. The value of this work in many instances is

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at once apparent, but probably its wider and better effects appear through its education of the general public in the knowledge of sanitation and correct living.

By Valley Virginia Boyer.

The inauguration of physical education into the public schools of Lafayette a few years ago was somewhat startling to the public. The subject was introduced in its broadest sense and it was shown that such work must have to do not only with a system of physical exercises, planned to effect sturdy citizenship through its highest cultural training, but that it must also have to do with the immediate physical condition of each school boy and girl. This department of physical education is known as physical diagnosis, but has come to be known popularly as medical inspection. Truly Lafayette has been a pioneer in this field and the work, in the beginning, was largely experimental.

It was originally planned and prosecuted as physical diagnosis and consisted of the testing of eyes and ears, examination of nose, throat, teeth, spines and general nutrition. At the beginning of the school year the supervisor is installed in some quiet and easily accessible room or part of the school building and here meets each child for the above inspection and an individual lesson in personal hygiene. A careful diagnosis blank is made out for each child and filed in the office of its respective building for reference and comparison. An exact computation of the per cent. of children found below normal or needing medical attention of some kind, has never been made, but it is a conservative estimate that at the beginning of this work fully 80 per cent. of the school children needed medical attention in varying degrees, especially for teeth and eyes. Report is made of such findings with advice that medical counsel be consulted and a grateful response has been received from many, but there are many others who have questioned both ability and authority. The 1911 session of the Indiana legislature verified the latter, however, in that it specified that Boards of Education may authorize such examination of school children as was already being practiced in the school of said town, and designated such examination as medical inspection. Lafayette then, almost without knowing it, found herself among the very first, if not the first town of the State to institute such work in its public education.

The Details of Work.

The eye test is made by use of the Hardy eye chart, which includes the astigmatic chart, and a King's Trail Testing set. The child is seated at a distance of twenty feet from the chart, which is hung in a good light, and presuming that the "twenty foot line" represents normal vision, he is asked to read with one eye at a time (the other eye being covered) the letters occurring on the chart, beginning with the largest ones first. The Hardy chart consists of five lines, four of which are used, and represent respectively letters to be read at 40, 30, 25 and 20 foot distances. In making records of vision, fractions are used, the numerator of which represents the distance at which the child reads and the denominator the line which he is able to read at said distance. For example, if the child, as seated, is able to read only the first two lines of the chart without artificial assistance, the vision of that eye is recorded V. R. E.=20/30. Whether the eye is myopic or hypermetropic may be determined by the use of the concave or convex lens and a varying degree in the intensity of blackness in lines of astigmatic chart indicates astigmatism. If, in the example taken above, the vision is increased by using the convex lens, which should always be applied first instead of concave, and the child is now able to read the twenty foot line, the record is V. R. E.=20/30 Hy.=20/20. This indicates a farsighted condition. The other eye should likewise be tested and condition recorded. If, however, the vision of either eye is found to be less than 1. or 20/20 and the convex lens does not improve or decrease vision then the concave lens should be used. Vision be-

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ing thus improved determines a myopic condition. This completes the test for simple hypermetropia, myopia and emmetropia, the last condition being recorded if V. R. E. if found to equal 1. without glasses and convex glasses blurs or impairs vision. If in this test vision is not yet made normal, the convex lens is used, if there is hypermetropia, or the concave if there is myopia and the child's attention directed to radiating black lines of the astigmatic chart. If he sees any of these lines clearer or blacker than those running at right angles to them, he is astigmatic and the record reads finally V. R. E.=20/30+Hy. (or, my)=20/20+As

To recapitulate in brief, if it is found that V. R. E.=1. then the R. E. is emmetropic or hypermetropic. If emmetropic, the convex glass will impair the vision; if hypermetropic it will increase or aid; if less than 1, it is either hypermetropic, myopic, astigmatic or amblyopic. Such findings are reported to parent or guardian and medical attention advised; symptoms of eye strain or infections are likewise recommended for medical attention.

For testing the hearing an ordinary watch is used. Through previous experiments it has been learned what is the greatest distance at which the tick of the watch can be heard by the normal ear. A fraction is again used in making record, the denominator representing the hearing distance of the normal ear and the numerator the hearing distance of child being tested. If a defect in hearing is at all marked, the attention of a capable physician is again advised.

Habits of breathing if not normal are investigated and such conditions as may be found—enlarged tonsils, nasal obstruction or adenoid tissue—reported to parent. Wooden tongue blades are used in examination of throat. Mouth breathing, possible anemic condition and lines of face are the only practical observations in public school work for determining adenoids. It may be said at this point that it is not the duty of the school to diagnose, prescribe or treat, but on the other hand it has not fulfilled its duty if it has not made known to patrons the condition wherein a child is found sub-normal or handicapped in physical and mental efficiency. To sound the warning then is our duty as public officials and part keepers of child welfare in the public schools.

General nutrition, posture and the condition of skin, including teeth and hair, are also noted and any suggestions made which may be considered advisable. The accompanying chart is the record blank used in the physical diagnosis of school children in the Lafayette public schools.

The writer deems this manner of physical examination of far greater value than the extensive strength and measurement tests which are usually made and recorded by the departments of physical education. Such tests and examinations supply data for comparison and compilation, but are of no intrinsic value to the child in question, or, in other words, are not a practical measure.

Needless to say, such routine as has been described, is exceedingly laborious in public school work; however, no supervisor or director of physical education may justify his or her efforts if the immediate physical needs of the boy or girl have not first come under observation.

Much might be said of the very apparent need for as well as need of such work, and while it is yet new as an undertaking in public service, results thus far have not been discouraging. Very conspicuous in the carrying out of this work, is the need for co-operation of municipal charities. Many times very significant symptoms in a child's condition are permitted to go unattended because the financial condition of the home is such that medical attention is not solicited unless the condition presents itself as critical. It may be said further, that the way is greatly obstructed in the progress of such work also, because no legal aid reinforces the request that parents or guardian give heed to the advice which has been extended by the schools. Too often the child pays the price for lack of care to which he is justly entitled and for which an uninformed parent is responsible. That is to say, the school

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law of Indiana stipulates that Boards of Education may prescribe medical inspection of school children, but it provides no further support in effecting results.

Conservation of natural resources has come to be recognized as a condition of national concern, but greatest among these is the conservation of the physical resources of the individuals constituting the nation. In consequence of such, preventive medicine, rather than remedial medicine, presents itself to every thinking person of today. This, then, is the venture which public schools are making as they authorize inspection of materials from which the fabric—our citizens of tomorrow—shall be woven. Physical education, then, in its broadest sense, combined with the other factors in the training of boys and girls, has as its purpose an equipment such as will best fit the child to most completely fulfill the purpose of his life.

LARGE RENAL CALCULUS OPERATION—CASE REPORT.*

By R. O. McAlexander, M.D., Consultant Gynecologist, Indianapolis City Hospital.

Mr. E. B., age 28 years; white; native of Illinois. Examined October 15, 1912. Family history: Negative.

Personal history: Patient when twelve years old had a severe attack of typhoid fever, also the diseases incident to childhood. His digestion has always been normal; was inclined to constipation. Prior to his present illness patient's weight was 168 pounds. Venereal history negative. Four weeks prior to this examination while at a hotel in an Illinois town he was suddenly attacked with violent cramps through abdomen; vomited great quantities, which patient described as pus. Careful interrogation elicited the fact that the pain began in the back on the right side, radiated forward and downward to the scrotum. Physicians were called and gave it as their opinion that he was suffering with obstruction of the bowels and appendicitis respectively. He remained in the hotel for three days, after which he was removed to the home of his employer. For several days subsequent to the initial attack the patient suffered with violent chills and high fever; also extreme tenderness over the right abdomen, both front and back. No difficulty was experienced in voiding and he was unaware of any changes in the urine. He was confined to his bed three weeks in all. This was the first attack of this kind which he experienced, and so far as he was aware his physical condition was normal.

Physical condition: On physical examination I found him to be a man of normal development, weighing 152 pounds. His appearance was one of having passed through a recent illness. Examination of the heart and lungs negative. Palpation of the abdomen revealed some tenderness over right side, front and back. First percussion over left kidney was negative; over the right considerable pain was elicited. Urinary examination revealed albumen and abundant sediment. Red corpuscles were present in great numbers; no tube casts.

X-ray examination was made of both kidneys with a negative result on the left side. On the right side a well marked shadow could be observed in the region of the right kidney. To avoid error two skiagrams were made of this side with the same result in both plates. I also made a cystoscopic examination of the bladder with the result that a small stone, approximately the size of a pea, was found. Diagnosis of large renal calculus of the right kidney was made and operation advised. The patient returned to his home in Illinois. On November 15, 1912, he returned to Indianapolis for operation, which I did on November 21st, at the Methodist Hospital.

Operation was made by exposing the kidney in the right lumbar region. Some presence of perirenal inflammation was noted by the presence of adhesions of

*Read before the Indianapolis Medical Society December 9, 1913

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the kidney to the perirenal fat. The kidney was larger than normal but delivered with comparatively little difficulty. The incision was made in the cortex in the so-called "bloodless zone." The largeer portion or body of the stone was removed with little difficulty but the stems readily fractured and were removed separately. A large rubber tube was introduced into the hilus of the kidney for drainage. The incision in the kidney was closed about the tube by mattress sutures of catgut introduced through the parenchyma on the reverse end of the needle and loosely tied. This had the effect of controlling the hemorrhage from the kidney. Drainage of urine was very free for several weeks. At the end of twelve days the drainage tube was removed and the sinus began to grow smaller. At this time an interesting and greatly disturbing clinical manifestation occurred. The patient had a violent chill followed by high temperature and profuse perspiration. Septic infection was at once suspected, but a careful examination of the urine from the bladder and the urine and discharge from the sinus failed to reveal any pathogenic organisms. A blood examination gave a leukocytosis of 29,000. On the following day this was reduced to 17,000 and on the succeeding was normal. However, a moderately high temperature intermittent in character prevailed until we had re-established free drainage by the introduction of a small tube. At no time was there miscroscopical evidence of pus.

Almost immediately after the operation the sediment disappeared from the urine, leaving but a trace of albumen and a few blood corpuscles. The amount of urine which was passed per bladder while diminished subsequent to the operation began to increase as the drainage from the wound gradually decreased. The patient stated that the chill and fever was identical with that which he had at the beginning of his illness. He also stated that he had experienced a malarial infection two years previous. We were unable to identify malarial organisms in the blood. However, the patient insisted if we would treat him for malaria, the symptoms would disappear. We were very doubtful as to the accuracy of his conclusions but in the absence of any physical evidence of an abscess in or about the kidney we prescribed quinine in large doses and were rewarded by the disappearance of the symptoms.

The same manifestations milder in character, occurred at a subsequent time but were relieved by the administration of quinine. The sinus gradually closed and the patient is now completely recovered.

The calculus, after being thoroughly dried, weighed 480 grains or 32 grams.

Ovarian Tumor with a Twisted Pedicle Simulating Acute Appendicitis with Abscess.

Patient, L. L.; a girl, 8 years old, white, native of Indiana. Examined July 27, 1912. Family history, negative.

Personal history: Patient never experienced a serious illness. Her digestion had always been good and bowels regular. She experienced the diseases incident to childhood. Three days prior to this examination, patient complained of severe pain in the right lower quadrant. Patient vomited repeatedly, bowels constipated, slight rigidity of the abdominal muscles was noted. Temperature 99 degrees, pulse slightly accelerated. The conditions remained practically the same during the two subsequent days with a temperature varying from 99 degrees to 101 degrees, and pulse gradually increasing in rapidity.

Physical condition: She was average in weight and development; rather pale and having the appearance of one seriously ill. Examination of the heart and lungs, negative. The abdomen was distended and sensitive throughout with increased tenderness near McBurney's point. Palpation revealed muscular rigidity and slight evidence of a tumor in this region. Temperature 101, pulse 126. Pain was paroxysmal in character. The picture lacked some of the characteristics of a typical case of acute appendicitis with abscess. Owing to the youth of the patient no rectal examination was made

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and vaginal examination was not considered.

Diagnosis: Acute appendicitis with abscess. Patient was advised to go to St. Vincent's Hospital, which she did not do until the following night. Palliative treatment, including an ice bag to the right side, which failed to afford relief, was applied.

Operation: On the day following her admission to the hospital operation was performed. Battle's incision through right rectus muscle was employed. Appendix was found but little changed from normal except a mild peritonitis involved its peritoneum. A tumor of the right ovary as large as an orange with a twisted pedicle was found in the right iliac region immediately below the cecum. The broad ligament was clamped, the tumor removed, stumps tied and inverted. The tumor gave evidence of recent hemorrhage within and a mild peritonitis without.

The patient made a rapid recovery and left the hospital in less than two weeks.

My object in reporting this case is to direct your attention to the marked similarity in the clinical manifestations of ovarian tumor with torsion of the pedicle and acute appendicitis with abscess. In reviewing the literature at my command I find but few references to this. The greater number of text books omit any reference whatever to this differential diagnosis. In Bryant and Buck's American Practice of Surgery: "When a twist takes place in an unsuspected tumor on the right side the attack may resemble very closely one of acute appendicitis."

Lejar's Urgent Surgery: "Brun, while thinking that he had to do with a case of appendicitis, found an ovarian cyst with a twisted pedicle." Lejar states that "he performed an emergency operation for appendicitis on a girl 18 and found a dermoid cyst of the right ovary also with a twisted pedicle." Kelley's Medical Gynecology: "Confusion in the diagnosis between appendicitis and ovarian tumor with twisted pedicle is very common. Niot in Paris cites eleven instances of dermoid cyst with twisted pedicle mistaken for appendicitis; and in two out of five cases of torsion observed by Fowler the patient had been sent to the hospital with a diagnosis of appendicitis." The differential diagnosis in this case was difficult, so closely did the symptoms simulate those of acute appendicitis. Had the patient been an adult a bi-manual examination would have been insisted upon and no doubt would have been helpful in arriving at a correct diagnosis.

AN APPRECIATION—JOSEPH D. BRYANT, M. D., LL.D., OF NEW YORK CITY.

By John A. Sutcliffe, A.M., M. D., Indianapolis.

Doctor Bryant died on April 7th at St. Vincent's Hospital from diabetes mellitus. He was born at East Troy, Wis., in 1845, was educated at Norwich, N. Y., Academy and at Bellevue Hospital Medical College, where he graduated in 1868. New York University conferred upon him the degree of LL.D. in 1908. He began his surgical career as an interne in Bellevue Hospital in 1869.

His whole professional life was one continued series of successes and promotions. He was appointed, soon after his graduation, as assistant to the chair of anatomy. In 1877 he succeeded to the chair of descriptive and surgical anatomy. In 1883 he became professor of anatomy and clinical surgery, and associate professor of orthopedic surgery. In 1898 he was appointed professor of the principles and practice of surgery and of operative and clinical surgery in the United University of New York and Bellevue Hospital Medical College.

At various times he was attending, visiting or consulting surgeon to the West Side Dispensary, Bureau for Medical and Surgical Relief, Charity Hospital, Bellevue Hospital, New York City Insane Asylum, St. Vincent's Hospital, North-

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western Dispensary, Hospital for Ruptured and Crippled, Woman's Hospital, and St. Joseph's Hospital at Yonkers. He was president of the New York Academy of Medicine in 1895, and the New York State Medical Society in 1906. In 1898 he presided over the New York State Medical Association, and also over the American Medical Association.

He was a prominent factor in public life. He had served for six years in the New York health department, and was both City and State Commissioner of Health. For nine years he was surgeon of the Seventy-first regiment, and was also Surgeon General of the National Guard of the State of New York.

He was a personal friend of President Cleveland, and was for a time his family physician. He accompanied him on many of his yachting trips, and also when he made his tour to the West while President. He is survived by a widow and one daughter, Mrs. F. A. de Peyster.

In his professional career he was intimately identified with such illustrious men as Frederic S. Dennis, Frank H. Hamilton, Louis A. Sayre, and Stephen Smith. He was an adept in mechanical and plastic work, a thorough anatomist, a bold and careful operator whose broad experience had made his judgment unusually sound. As a surgeon and author he was one of the most active and aggressive of his co-workers in New York. He wrote a great deal, and his articles were regarded as the last word on the subject under consideration, for his ideas always represented the advanced line of surgical thought.

He was the author of a work on operative surgery, in two volumes, which attracted a great deal of attention on account of its practical and thorough presentation of the subject. His last great effort was made as senior editor of Bryant & Buck's American System of Surgery. This scholarly contribution does honor to our country and is a lasting monument to his memory.

Doctor Bryant was a great man. He was by instinct a teacher and leader among men. His wonderful energy and determined effort, and devotion to the work of his profession has carved his name high in the galaxy of fame. His good deeds and achievements shine out as an example of what may be accomplished by unceasing effort and devotion to a great cause. Untiring industry is the basis of all true greatness. It overcomes all, and in its results enshrines its heroes in the hearts of mankind.

"The heights of great men reached and kept,
Were not attained by sudden flight,
But they, while their comrades slept,
Were toiling upward in the night."

Students often wondered how he could endure so much. It was my privilege to be a member of his private evening quiz class for a period of six months prior to my graduation. He conducted his quiz every evening, and it covered all the branches taught in the college at that time. He was perfectly familiar with all of the subjects. During that time he never missed an hour and was never late. He was exacting with his class, and expected every one to be prepared, and had no patience with a man who tried to slip through without making an honest effort. It was much safer for a student to admit that he knew nothing about the subject in question than it was to try to answer something he didn't understand; for he was sure to be humiliated and come to grief in the end. One attempt of that kind was about all that any one cared to make. For those who had gone through it once it was always interesting to see a newcomer make a similar effort. These efforts on the part of different students caused many a hearty laugh. Dr. Bryant always saw the ridiculous side of everything and enjoyed the laugh with us.

He certainly did work us to the limit of our endurance during that winter. No man ever complained that he didn't get value received for his entrance fee to the quiz, for he knew it was the best investment he ever made.

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He was ambitious to excel in everything he undertook, and was always ready to take on additional work. He was a Napoleon in determination and capacity for endurance. Everything he did was done well. He had a definite time for everything and was exact to the minute, and expected others to be the same way. So prompt was he that students would sometimes remark that it was a certain time of the day, when they would see him enter Bellevue Hospital. With all the diversity of his duties, lecturing in the college, giving clinics, tending the hospitals, writing on surgical subjects, tending to his private practice, and conducting a private quiz every evening, he always appeared fresh and vigorous, and never showed the slightest indication of fatigue.

With the passing of Doctor Bryant, there disappears from the arena of active teaching and advanced thought one of the brilliant minds of our country. His memory will linger long in the hearts of his many friends and students, and his achievements are inscribed on the pages of history.

TINNITUS AURIUM.

Treatment. To relieve stuffiness of Eustachian tube—the most frequent cause of tinnitus—inject in it with catheter a 2 to 5 per cent. solution of dionin, using sufficient force to cause it to enter tympanic cavity.—Randall.

January 9, 1816, saw in the deeps of an English coal mine near Newcastle a little drama in which there were but two actors, the one a clergyman, the other a miner. The latter was busily picking out the coal by the light of a "steel mill" when he saw approaching him a light. The miner knew the gassy nature of the pit and shouted: "Put out the light!" but no notice was taken even when prayers took the place of oaths. The newcomer was the Rev. John Hodgson, rector of Jarrow, and he had in his hand the first the Museum of Practical Geology in Jermyn street, London. Sir Humphrey Davy, when urged to patent it, replied: "It might undoubtedly enable me to put four horses in my carriage but what could it avail me to have it said that Sir Humphrey drives his carriage and four bought at the expense of miners' lives "

ANTIVIVISECTION MERCY.

Dr. Samuel M. Brickner, for many years an honored editorial assistant to this Journal, contributed the following striking verses to the New York Times for April 23:

The counterpane that covers motherhood
Too often still becomes a shroud entwined:
"Let not this sacred act demand our blood,
But spare the dog and all his sacred kind."

Our little children fall a hideous prey
To childhood's scourge, and broken, bent, they lie;
"Blot out this epidemic from the day,
But spare the monkey and the stable fly."

The White Plague stalks abroad with poisoned breath
And leaves men prostrate like a broken twig;
"Oh! spare us from this poignant, living death,
But do not touch the precious guinea pig."

From over seas the pest comes like a ghost,
And settles grinning on our household mats:
"Oh! save us from this devastating host,
But spare the poor mosquitos and the rats."

A growth malign, with tentacles a score,
The fairest and most useful friends will claim:
"Oh! let us suffer from this scourge no more,
But spare the mouse, we ask, in Mercy's name."

—New York Medical Journal.

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INDIANAPOLIS MEDICAL JOURNAL

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EDITORIAL

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ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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THE INDIANAPOLIS MEDICAL SOCIETY.

Emerson said if you wish to make a man tall, walk him under a high ceiling. The large increase in attendance, the quality of the papers read, and the careful preparation made by the discussants have greatly improved since the removal last fall from the old Indiana Medical College Library to the beautiful hall on the top floor of the Washington Hotel. Easily accessible by street cars, abundant room after eight o'clock for automobiles, beautiful views from three sides of the brilliantly lighted streets and avenues; Monument Place, with the Soldiers' and Sailors' Monument, the most notable in the world for its simplicity. It exhibits the beautiful symmetria prisca of the Greeks —"fit details strictly combined, in view of a large general result nobly conceived." To look out upon the streets and plaza —the thousand miles of Washington street, the longest national road in the world; to see the lights on a rainy night is well worth one's while.

For even in this little business of ours of being and doing, and doing without, and as decently departing as we can, we must find some moments to seek the pasture of great souls—to satisfy our natural instinct for beauty, as well as our instinct for conduct, and our instinct for wisdom—a far more difficult thing, for knowledge comes to all of us, but for most wisdom lingers. But it seems to the writer that in all of us, since we removed to the new rooms, the instinct for beauty, for conduct, for practical knowledge, and even for elusive wisdom, have been manifestly improved.

Take for instance, the meeting of June 2—a paper by Dr. C. D. Humes reviewing the treatment of cerebro-spinal syphilis as advocated by Swift and Ellis, first given in our City Hospital by Dr. Harry Langdon, and recently in two excellent papers reporting twenty cases in the Journal A. M. A. of January 14, 1914, and in the last issue, May 30, 1914, by Dr. Geo. W. McCaskey, of Fort Wayne. Dr. Humes was followed by Dr. Thrasher, succinctly detailing the warp and woof of discovery by Noguchi, Nichols and others, home and foreign, leading to the intraspinal treatment of syphilis in tabetics and paretics. Then followed a wise discussion by Drs. C. E. Cottingham and Chas. F. Neu, the latter showing distinctly that the new intra-spinal treatment might arrest the destructive process, but could not restore the damaged nervous tissue—hence the importance of early diagnosis and early treatment, and examination of the spinal fluid in every suspicious nervous case, even if the

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blood serum is negative. Here was wisdom combined with knowledge.

Next, "The Diagnosis and Treatment of Bone Infections," by Dr. John W. Sluss, author of our best Emergency Surgery, long time teacher of anatomy in the old Indiana Medical, and now Superintendent of the City Hospital. It is needless to say that his paper was classical, illuminating, and based on personal cases and observations. It was supported by the best series of X-ray pictures of joint lesions in connection with their clinical histories, diagnosis, treatment and etiology, yet presented to our Society. These were by Dr. S. L. Egart, who took the pictures at the City Hospital, and gave in connection a review of the relations of the lesions to tuberculosis and the distribution of the bone marrow. Here again we had knowledge—the facts—and wisdom in both Dr. Sluss' paper and Dr. Egart's photos and discussion.

The unexpected is what happens often in our Society, and it is this element which adds value as well as piquancy to the meetings and makes it worth while to attend, even if the printed program makes no personal appeal. This occurred at the meeting of June 2 in two instances—first in the general discussion, when Dr. Raymond C. Beeler thoroughly reviewed Dr. Egart's work, to which he had also contributed, and gave a detailed, but brief and succinct account of a small X-ray book by an English author, Dr. Edward W. H. Shenton of London (McMillan & Co., New York and London), showing that X-ray work is not a flowery bed of ease but must be propped up by every aid of diagnosis, clinical history, therapeutics, the Wassermann test, various plates at different angles and made at varying times. Dr. Beeler is an Indiana College graduate with an X-ray training in New York City, related to and working with his eminent preceptor, Dr. Albert M. Cole, who has taken the lead in illustrating X-ray diagnosis before our local and State Societies. Dr. Beeler's first discussion was received with marked attention and was enthusiastically recognized.

Finally and without any appearance on the card, came an unexpected presentation from the pathologist to the Indianapolis City Hospital, the Methodist Hospital, and St. Vincent's, Dr. H. R. Alburger, who has endeared himself to the members of the society by his frequent exhibition of specimens, his discussions of pathological subjects and to the internes and the large body of specialists who attend the City Hospital by his prompt and thorough post-mortems, attended by the junior and senior students of the Medical College. Clear of statement, never guessing at the pathology of a subject, thorough in his biological work, with the guinea pigs and rabbits as dumb contributors to the verdict, not disparaging the views of the clinical teachers, he has helped to make the City Hospital a most powerful adjunct to the School of Medicine, for the greatest school of teaching internal medicine and surgery for over twenty years has been the clinics of the Indianapolis City Hospital. Here were developed as medical teachers the members of the great group of war surgeons—Harvey, Woollen, Comingore, L. D. Waterman, Joseph Eastman, W. B. Fletcher and others; also our leading physicians and surgeons of later times—Marsee, Oliver, E. Hadley, Clark, Pantzer, Morgan, Earp, E. F. Hodges, B. Kennedy, Sterne, Wishard, Neu, Noble, Cook, Jobes, Ross, Martin, the Pfaffs, Graham, Sutcliffe, Potter, Wynn, McDonald, Kimberlin, Maxwell, Schaeffer, Taylor, Sluss, the Eastman brothers, Ford and a dozen more—and here was the home of medicine and pathology and pathological teaching. These later works and workers have been aided and strengthened by the knowledge, persistance and good temper of Doctor Alburger.

His contribution to the present meeting was the presentation of a fresh brain, lungs and liver of a hospital patient of forty-five, supposed to have died of cerebro-spinal meningitis. But the spinal fluid proved to be a pure culture field of the pneumococcus. The brain showed congestion due to pneumococcus infection, and pus under the meninges. The lung showed a descending pneumonia, the upper lobe hepatized, the second reeking

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with pus, and the lower the field of progressive inflammation. This was an interesting demonstration of the fresh tissues, and was repeated to the society which was divided into two groups, so that all might see and hear. There had recently been an epidemic of twelve cases of cerebro-spinal meningitis in the hospital, mostly children and adolescents, and of these six had died, getting the serum too late in the disease.

The above is simply a portrayal of the work at the society, under the stimulus, in part, we may believe, of a novel location. Much is also due to the activity and interest of the officers, the president, Dr. T. B. Eastman; the secretary, Dr. Alfred Henry; also the council, Drs. Jobes, Kitchen Shimer, MacDonald, Garshwiler and Hood. The attendance has largely increased in the new location. An effort is on foot to find a permanent home and library for the society, but the scheme is like the old earth slime, "without form and void." The main thing is the men—the spirit, the life; the sense of equality; the freedom from all exterior entanglements; the existence of the society for itself as an integral unit in the uplifting of the Indianapolis medical profession. It should be the leading force in Indiana medicine. Great men should be invited to address it at least four times a year; a medical stenographer should be secured to take down the well prepared discussions, so as to insure accuracy and permanency. And above all, we must maintain our old habit, harmony and independence, our social instinct, and every one should do his appointed work as reader or discussant with spirit, interest and knowledge of the subject, as was the case in the meeting of last night.

A. W. BRAYTON.

ROOSEVELT, THE NATURALIST, AND DAVID STARR JORDAN.

Dr. A. W. Brayton Recalls Meeting of the Two Men Years Ago at an Indiana Station.

The writer never took stock in the slander that Colonel Roosevelt is a pot-hunter. He is a naturalist of the highest order—a real lover of nature, and also of adventure. Give a real naturalist a microscope and a handful of slime from a pond, and he could amuse himself in a prison all his life and write a book of value. He may be a specialist, as Jordan, who has named a thousand fishes and knows the ten thousand of the world's waters, and has also been a great educator and the counselor of kings. He may travel and collect big game or small game in distant lands for sport and science, as Roosevelt has done. Roosevelt and Jordan are very much alike in their tastes, their accomplishments and their ambitions, all of which have been for the uplift of humanity. These two great men, in their early days, when Roosevelt was a western ranchman and Jordan was an humble professor of science in the Indiana State University, were stranded at a railway cross-roads, in Indiana, either at Limedale, where visitors to Bloomington from Indianapolis used to wait three hours for the Vandalia, or at Seymour, where, in 1862 the English novelist, Anthony Trollope, waited as many hours for the B. & O. train on his way from Louisville to Washington. In his story, "North America," the best English view of the civil war at that time, Trollope gave the muddy town, the dirty depot and the tobacco squirters as measly a drubbing as his mother, in her three years of life in the United States, had done in her "Domestic Manners of the Americans," over thirty years before.

But it makes no difference whether it was at Limedale or Seymour—it was a long wait and a long talk between two great men, each well born and educated, and with the open and Greek mind. From that night's meeting each knew and respected the other and have done so to the present day. It would not do to relate all the writer was told by one of them, but suffice it to say that each had laid out his course, that their aims were high, their accomplishments already notable, and that to each his dream and vision as they outlined their hopes and desires to each other in that long summer night's waiting has come true.

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The writer remembers well when in his "Spanish War Issue" of the Indiana Medical Journal, with its little American flag posted on the cover, he complimented Colonel Roosevelt for sending the five thousand troops away from the Cuban malaria to Camp Wykoff, on Long Island, by the "Round Robin route," thus saving hundreds of lives. Colonel Roosevelt wrote in return that he had read every word of the war copy of the Journal sent to him, and should "treasure it as one of the priceless records of the war." Roosevelt's letter was loaned and lost, but the word and the deed remain and are of record in the Journal.

Two terms, or nearly, as President of the United States followed, and Taft came after. Then also followed the great African hunt—the addresses in Europe—the book of travel—the notable additions to the National museum, where the writer of this note and Professors Jordan and Gilbert had spent together an entire summer month in the study of the fishes in the Smithsonian Institute in connection with the new species we had collected in the southern rivers in our travel schools of 1877 and 1878. There was another convention, and later the Republican party had two ex-Presidents, one a publicist and naturalist, and the other a jurist and teacher, and then came President Wilson, taking care of Roosevelt's Panama canal, Mexico and the rest—whatever we have now.

But ex-President Roosevelt hied himself to South America when the new uplift administration began as before to the game fields of Africa. The cry of the wild was again upon him. He has returned with more animals, fishes and even a new river for them to swim in—the Duvida.

The writer of this note did not vote for the Progressive colonel—just from forty years of instinct and habit he inadvertently pulled the Taft-Republican lever, and he let it stand. But he has still infinite faith in his two great naturalist friends—they are two of the uncrowned kings of the world; both are against war, and both stand for justice and humanity. Doctor Jordan is the great leader in the world's peace congress, Colonel Roosevelt has the satisfaction and honor of assisting Japan and Russia to terms of peace on American soil during his presidency. And they were never either head hunters or pot hunters.—From the Indianapolis News of Saturday May 9, 1914.

THE IDEAL PHYSICIAN.

High Qualities of Mind and Heart Demanded for Highest Success.

(Medical Record.)

No more noble tribute to the medical profession has perhaps ever been penned than that placed by Robert Louis Stevenson as an introduction to his collection of poems, "Underwoods." It is true that unusual self-abnegation and altruism are required of the really fine practitioner, and as Nothnagel has said, "Only a good man can be a good physician." Another Viennese physician once wrote:

"The patient seeks aid which the physician must know how to bring. He must take away the results of the sins of the parents, of ignorance and of excess. He must alleviate the consequences of poverty, want and misery, of grief and of despair. The effects of heat and cold, of the air and the water, of food and occupation, of poison and violence, of contagion, pestilence and old age, he must ward off and render harmless. He must always stand ready, cheerful and undismayed, a support to human infirmity, a guardian of life, a source of health and of the highest earthly happiness."

In a recent address delivered in Berlin Prof. His quotes the following from a letter which Sonderegger wrote to a friend who asked whether he should have his son study medicine:

"There is on earth nothing greater or more beautiful than man, and the study of mankind is the most difficult and exalted subject of thought and action, human development and ambition, human life and ills, all are in the highest degree remarkable and touching. But you must bring with you keen eyes and acute ears, a great gift for observation, patience, and yet again patience for end-

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less study, a clear, critical mind, and an iron will strengthened by opposition, but yet a warm and tender heart, comprehending and feeling every sorrow; a reverent spirit, and austerity that is superior to sensualities, money and eminence; furthermore, a decent appearance, polished demeanor, and adroit fingers, health of body and soul; all of these must you possess if you would not be either an incompetent or an unhappy physician. You must stagger under the crushing burden of unending knowledge, and yet preserve the lightheartedness of the poet; you must know all the arts of charlatanism, and yet remain an honest man; once for all, medicine must be your creed and your politics, your happiness and misery. Therefore, advise no one to become a physician. If he still wishes to do so, warn him against it often and earnestly; but if he persists in spite of all, give him your blessing, if he is worth it, for he will need it!"

The Journal has often quoted Stevenson's estimate of the good physician, and also the remarkable address of Kipling to a class of London men just beginning the study of medicine. And these reflections from the Germans are equally interesting. A. W. B.

A NEW USE FOR EMETINE.

Since Professor Leonard Rogers, of Calcutta, announced his success with emetine in amebic dysentery and hepatitis, the alkaloid has been used with excellent results in infection with Schistosomum japonicum, in hemoptysis and gastrointestinal hemorrhage, in bronchopneumonia of the aged, and in the hemorrhage of typhoid, paratyphoid, and alcoholic hepatitis. A. J. Noronha, of Magazon, Bombay, reports in the British Medical Journal for May 23, 1914, that he treated successfully a case of hepatopulmonary abscess with daily injections of one grain of emetine together with Dover's powder by mouth. Within three days the blood laden sputum became mucopurulent, the cough disappeared in a week, and very shortly after the patient had gained so in weight as to present a normal appearance. When first examined, this patient had living Amoeba histolytica in the sputum, although there had been no dysentery.—New York Medical Journal, June 8.

At the monthly seminar of the medical department of the University Medical School, the writer called attention to the use of emetine in amebic dysentery and the last issue of this Journal contained full details of its usefulness so far as known to us. Now comes Noronha with another use for emetine which may mean much. S. E. E.

ARSENIC POISONING FROM WALL PAPER.

Lindstrom occupied with his eleven-year-old son two newly painted rooms in a Swedish hospital, where he was assistant physician. He developed intense "neuralgia" persistent for many months and arsenic was found in the oil paint on the walls, in considerable amounts, 2.8 mg. in 200 c.c. Arsenic was found in his urine for several months after removal of the paint from the walls. The rest of the family had arsenic in the urine also but not in such large amounts as the other rooms had received only two coats of the paint, while in the room occupied by Lindstrom four coats had been applied. It was found that the arsenic had worked from the deeper layers to the surface, and scraps of wood from the doors also responded to tests for arsenic. He occupied the room for four months and then left for a vacation trip. On the journey the first neuralgic pains developed in the right axillary and sacral nerves, and distressed him during movements but subsided when he lay still. This "neuralgia" lasted a month and then subsided during the summer—the season of open windows—but the next winter it returned in the arm and shoulder, with intense severity, until he could not use his right hand. The pain at last became like that of a phlegmon and involved the back, and his boy developed rebellious conjunctivitis and grew pale and thin. Then for the first time arsenic poisoning was sus-

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pected and examination of the urine revealed the arsenic. The pain in his arm for five months was so severe that he even thought of amputation but there was no actual paralysis.

Abstract in Jour. A. M. A. of June 14 from the Wiener Klinische Wochenschrift of May 1, 1914.

Rarely do we hear of arsenic poisoning from wall paper in this country. The experience of Doctor Lindstrom's family is unique. It shows how an eminent physician may overlook the insidious action of this poison.

The writer has been singularly fortunate in the use of arsenic as a remedy in cutaneous diseases, although his usual dose for adults is one twentieth grain three times each day.

It is not a universal remedy for skin diseases. Its noted values are in those bullous eruptions due to vaso motor ataxia, such as pemphigus and hydroa. The writer gave arsenic for over three years to a case of pemphigus—a girl of 16 years whose photograph may be seen in the late Doctor Duhring's work on the inflammatory skin diseases. She was cured under this arsenic—a twentieth of a grain daily for a period of three years.

ANNUAL REPORT OF THE CENTRAL HOSPITAL FOR THE INSANE.

The annual report of this institution shows that it is a leader and we know it was the pathfinder in many respects. First, and a very important factor, too, in the establishment of a pathological department; in providing a special hospital for the sick insane and conducting semi-weekly clinics which the students of the university school are privileged to attend. To these clinics the physicians of the State are invited. The report shows that at the beginning of the year there were enrolled 1,653 patients, 751 men and 902 women. At the close of the year there remained 1,676 patients—769 men and 907 women. Three hundred and sixty-six patients—208 men and 158 women—were received during the year.

Discharged during the year 195 patients—90 men and 105 women. One hundred and forty-eight patients—100 men and 48 women—died.

The whole number of patients treated during the year was 2,019—959 men and 1,060 women. The daily average number of patients actually present (not counting those absent on furlough) was 1,477.254—679.194 men and 798.06 women.

The percentage of recoveries of the whole number of patients under treatment is 4.556; the percentage of recoveries to the number admitted 25.136; the percentage of death is 7.33.

The medical officers are: Superintendent, George F. Edenharter, M. D.; Assistant Physicians, Department for Men, P. J. Watters, M. D., Ord Evermann, M. D.; Assistant Physicians, Department for Women, Sarah Stockton, M. D.; P. H. Weeks, M. D., James S. Rushton, M. D.; Clinical Psychiater, Max A. Bahr, M. D.; Pathologist, Frederick C. Potter, M. D.; Assistant Pathologist, Ernest D. Martin, M. D.—S. E. Earp.

DANGERS AND CONTROL OF WHOOPING COUGH.

The most fatal of all diseases of childhood is whooping cough. Especially is this true in the case of young children. We are beginning to recognize its dangers and a campaign of education is imminent. Even if we do not include complications which come late, 10,000 children die in the United States each year from this disease, and many die of bronchitis, tuberculosis, hemorrhage, anemia or pneumonia as a result of it as the primary disease. Shall we say that some procrastinate by failing properly to diagnose the catarrhal stage? Too frequently it is suggested that we shall wait for the "whoop"; perhaps there may not be one. It is a neglect of the medical attendant, when he waits for the paroxysmal stage when treatment should have been instituted earlier. The people have been tardy indeed awakening to the extreme seriousness of whooping cough and its complications. The people must be educated as has successfully been done in the case of some other dis-

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eases. After stating that the disease kills far more than does typhoid fever, American Medicine says: There is no longer any doubt that the cause is the bacillus found between the cilia of the tracheal and bronchial mucous cells, and called the Bordet-Gengon bacillus, though Spengler described it in 1897—an instance, by the way, of the old habit of professional neglect of the discoveries of our pioneers. This delicate organism perishes very promptly after expulsion from the host, so that infection is generally if not always spread by spray or droplets coughed out. That is, a carrier is necessary, and we must put an end to the universal carelessness with which mothers take their sick children into crowds to infect and kill others. In time we will consider this a crime warranting the confinement of mother and child in a municipal quarantine station.

The quarantine of whooping cough suggested by Dr. J. L. Morse of Boston (Journal American Medical Association, May 31, 1913), though an ideal to be hoped for in the future, seems a little too severe for the present state of public opinion. There must be a campaign of education first, to convince people of the seriousness of the situation. The section on Pediatrics of the New York Academy of Medicine has taken the matter up in earnest.

The vaccine treatment has in it a strong promise. Sill of New York has cured cases in an average of 4½ weeks with a mixture of pertussis bacilli, micrococci catarrhalis and staphylococci aureus, and has stated that larger doses than he gave might have been even more efficient (American Medicine, June, 1913). Dr. Alfred Conor of the French Army, whose untimely death has recently been reported, developed a living vaccine at the Military Hospital in Tunis in collaboration with a Doctor Nicolle. They cured 37 per cent. in three weeks, greatly improved 40 per cent., and failed in 23 per cent. though no ill results were noticed. Emile Roux, Director of the Pasteur Institute, in presenting the matter to the Academy of Medicine last June, thought that it was possible to perfect a vaccine which would promptly cure all cases. The Pasteur Institute is committed to the use of living vaccines which have been so weakened or sensibilized that they are promptly taken up by the phagocytes. It is claimed that immunity is more effectively and more quickly caused than by dead bacilli. These sensibilized bacilli do not multiply to cause a separate disease, as in the case of vaccinia due to attenuated smallpox germs, but act like the original disease germs without causing any disease. The staff are certainly very successful with sensibilized streptococci and staphylococci. Metchnikoff has expressed great doubts as to the value of the dead typhoid vaccine, and great claims are made for the sensibilized, living typhoid vaccine. Hence we must accept the optimism as to the possibility of a living vaccine which will promptly cure whooping cough.

Even New York sees that the high death rate means something and calls for action. Editorially the New York Medical Journal for June 6, 1914, speaks concerning the control of whooping cough as follows:

The great prevalence of whooping cough has long been a reproach; in this city during certain months of the year the direct mortality is apt to exceed that from either measles or scarlet fever, and for the last three years the annual mortality of whooping cough has been somewhat more than half that of measles and of scarlet fever, the number of deaths from which was almost exactly the same. In 1913, however, this proportion was very considerably increased, and the deaths from whooping cough were about two-thirds those from measles and four-fifths those from scarlet fever. There is no means of determining what the indirect mortality is—this can only be conjectured, but it is undoubtedly large. Many of the deaths from bronchopneumonia must be attributed to whooping cough. Convulsions sometimes supervene upon the original disease or the resulting bronchopneumonia, and may be the immediate cause

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of death. Various other complications, as is well known, are liable to occur and either cause a fatal issue or lead to permanent disabilities. Goodhart includes among results and sequelae, emaciation of the viscera, various forms of degeneration, cheesy change in the glands, secondary tuberculosis, atelectasis, bronchopneumonia, emphysema, and dilatation of the bronchial tubes. "Thus it is that after a bad attack of whooping cough the child often remains delicate, with a small and laterally flattened chest; the lower ribs being expanded over the abdominal viscera, thus causing the disproportion between the abdomen and thorax which is so common as a result of old atelectasis."

At last the pediatrists of this city have become thoroughly aroused to the inadequacy of the methods for the control of the disease, and at the April meeting of the section in pediatrics of the Academy of Medicine, a resolution was adopted, providing for the appointment of a committee to urge upon the department of health the necessity of making more ample provision for dealing with whooping cough. It is gratifying to learn that the department responded promptly. It is announced that a survey has been made of 116 hospitals and dispensaries to ascertain which institutions treat whooping cough at the present time, which desire to maintain whooping cough clinics, and what facilities these possess for handling the disease. Only five institutions have a district physician attending whooping cough patients at their homes, and holy four—three hospitals and one dispensary—maintain classes for treating cases on the premises. Sixty-seven institutions admitted that all cases of whooping cough were not reported, and in reply to an inquiry as to whether a special class for the treatment of whooping cough would be established if permission was granted, fifty-five answered in the negative, forty-six were doubtful, and fifteen were willing to take it into consideration. These answers probably furnish the reason why whooping cough is so prevalent in this city, and why it has thus far failed of administration control.

This is a subject which physicians and health boards should give careful attention. Now is the time to act.—S. E. E.

ENGLISH LAUREATE, ROBERT BRIDGES, PRINTS HIS "CHRISTMAS EVE" IN THE LONDON TIMES BY THEIR MAJESTIES EXPRESS DESIRE.

This poem of four stanzas is the first public expression of the new poet laureate. It was printed in the Times of December 24, under the title "Paxttominibus Bonnae Volutantis."

The first two stanzas read:

A frosty Christmas even, when the stars were shining,
Fared I forth alone, where westward falls the hill,
And from many a village in the watre'd valley.
Distant music reached me, peals of bells a-ringing;
The constellated sounds ran sprinkling on earth's floor
As the dark vault above with stars was spangled o'er.

Then sped my thoughts to keep that first Christmas of all,
When the shepherds, watching by their folds ere the dawn,
Heard music in the fields and, marveling, could not tell
Whether it were angels or the bright stars singing.

The poem is cast in the form adopted by the first recorded predecessor of the laureate in 1340, namely, Germanic rhythm, based on alliteration and a central pause, the most familiar illustration of which is in "The Vision of Piers, the Plowman," a poem of about 1394. The "Plowman" was William Langland whose "Vision" was a very popular satirical poem of a blameless ploughman who later in the poem is shown to be the blameless carpenter's son. The rever-

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sion to this peculiar style of the first English laureate in his religious poem gives the poem of Bridges an additional interest.—A. W. B.

THE INDISPENSABLE MAN.

The brilliant and indispensable people are, after all, not the most wonderful. Sir Frederick Treves is one of the greatest of living surgeons, and it is interesting to hear him say that if he were compelled to undergo an operation he would be very careful to select a surgeon who was not brilliant. "Hard work," says he, "produces better results than brilliancy." Brilliant and indispensable people have a work to do, but every effort toward efficiency aims to train up the average, hard-working man to carry on the work they have begun.

The above newspaper note expresses a great principle. The indispensable man is usually an egotist. There is no indispensable man. Sir F. Treves who operated upon King Edward for appendicitis is a great worker, modest, simple and forceful. We know his work on surgery. We have read his charming history—only an evening's reading—of his visit to the English-African war. It is kindly, human, helpful and appreciative. More notable still is his History of the Shire in which he was born and reared in southern England—"Highways and Byways in Dorset." In it we have the geology, the history, the antiquities, the botany of the Dorchester country, over 300 pages, and in the simple charming style of the "Tale of a Field Hospital" referred to above.

Even the 100 or more exquisite etchings which illustrate it were drawn under his direction and selection by the Philadelphia etcher and illustrator, Joseph Pennell, whose variety of work with both pen and graver, both in England, Panama and the United States—his Life of Whistler and his depiction of English scenery and people as he and his wife traveled over Europe on a tricycle over 20 years ago, must have attracted him to the great surgeon, Sir Frederick Treves.

And throughout the book there is not a hint or title to show that he was consulting surgeon to the Royal family, author of a "System of Surgery," and Professor of Anatomy and Surgery in the Royal College of Surgery and consulting surgeon to the forces in South Africa in 1900. For, he has never regarded himself as the "Indispensable Man," but just one doing the day's work when it should be done, and busying himself during his vacations as is the custom of an English gentleman.

The best estimate of the result of a man's education and culture is the manner in which he spends his leisure. The truly great men are the most modest and simple of nature, and the idea that they have any great function to perform, or that the world could not get along without them is not in their minds for a moment. A great man never takes himself seriously. He does his work as it turns up, and returns with joy to his leisure. A. W. B.

POSITIVE DIAGNOSIS.

Some time ago an esteemed citizen who wasn't enjoying his usual appetite and cheerfulness, consulted a physician and was told he had tobacco heart. The information he imparted to his sympathetic friends. A few days later one of his friends met the doctor on the street. "Say, Doc," remarked the friend, "did you tell Jim Murphy that he had tobacco heart?"

"Jim Murphy?" repeated the doctor, thoughtfully. "Yes, I believe I did. Why?"

"Nothing," was the smiling reply of the friend. "Only if you had ever smoked one of his cigars you would have made the diagnosis cabbage heart."—Philadelphia Telegraph.

IN FULL BLOOM.

Little Mary, while visiting in the country, chanced to spy a peacock, a bird she had never seen before. Running quickly into the house she cried out:

"Oh, Grandma, come out and see! There's an old chicken in full bloom!"

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators

THE IODIDES.*

(By John Whittington Gilbert, Lawrenceburg, October 15, 1913.)

Potassium iodide and its many uses, is the first thought suggested by this subject, showing that we are more or less creatures of habit, as the other salts are often more strongly indicated to meet the case at hand, than the potassium salt. We must remember that sodium salt, although it has to be given in larger doses, will often be tolerated where the potassium salt will not. We have relied on potassium salt in the past as our principal remedy for tertiary manifestations of syphilis, arteriosclerosis, goitre and other conditions that require alterative treatment. At the present time it is still our mainstay in these conditions.

Strontium iodide, rubidium iodide, ammonium iodide, and the hydrogen or hydrodic acid are the preparations of the iodide that are used. Although claimed to possess some advantages over the potassium salt, the first three named are used but very little.

Hydriodic acid in the form of a syrup is much used especially in asthma of the bronchial character, bronchitis and other conditions requiring a prolonged alterative treatment. The syrup of hydriodic acid is put on the market by a great many of the pharmaceutical houses in a palatable form and is not so offensive to the stomach as the various solutions of the salts. The principal objection to prescribing the syrup of hydriodic acid is its chemical instability. The same objections can be urged against the ammonium salts, although the weakness of the combination between the ammonium and the iodide makes this salt quicker and more energetic in action than the other salts.

The potassium salt in saturated solution is the usual and most convenient way of prescribing the iodides. By the use of the dropper we can accurately gauge the amount we are giving.

My practice is to prescribe the saturated solution and then place the dose to be administered in the vehicle at the time it is given. When you are giving the iodies to control the tertiary manifestations of syphilis, this is an excellent way to prescribe them as you can accurately increase or diminish the dose to the exact amount necessary for its therapeutic effect.

The best time to give the medicine is after meals and according to Keyes, preferably about three hours afterwards. If your patient exhibits a great deal of tolerance for the iodides and it is necessary to get your effect quickly, then give your dose at shorter intervals than would elapse between meals.

In administering the iodides, we often have to go beyond the point of tolerance in order to get the desired therapeutic results. This of course gives rise to the bad effect of the iodides. We see these bad effects in persons with an idiosyncrasy from very small doses. These bad effects are many; outside of the well known coryza symptoms and tenderness of the gums, we see general depression, neuralgic pains, tinnitus aurium, swelling of the mucous membranes of the mouth and larynx, pain in the abdomen, also loss of appetite and several forms of skin eruptions.

I had an occasion to administer the syrup of hydriodic acid to a young man. An hour or two after the first dose of one dram his face and neck swelled to an alarming extent, with no other bad effects. No more of the acid being given the swelling disappeared in twenty-four hours. A year or so later I gave the same prescription to his older brother with identical results.

*Read before the Kentucky State Medical Association, at Bowling Green, Tuesday, September 2, 1913.

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A niece of these two patients, after taking two ore three small doses, of iodides, had a number of erythematous swellings over the surface of the body which disappeared when the iodides were discontinued. This is the only occasion in which I have had the opportunity to observe the idiosyncrasy to the iodide occurring in several members of the same family.

When giving iodides in large doses or even over any length of time it is my practice to administer at the same time arsenic in the form of Fowler's solution. I do not give them in the same prescription, but give them separately, generally giving to an adult three-drop doses three times a day. It not only seems to increase the patient's tolerance for iodides, but prevents some of the bad effects.

As to the various morbid processes, in which the iodides are used as a remedy, they are legion. One authority goes so far as to say, "When in doubt give the iodides." There are numerous conditions in which the iodides are indicated above all other remedies as a curative agent, the tertiary manifestations of syphilis, especially in the cerebral forms, arteriosclerosis, in its numerous forms, goitre, actinomycosis, and aortic aneurysms, rheumatism and arthritis deformans are often benefited by the long continued use of the iodid. The best treatment in mercurial poisoning and other chronic metallic poisonings is the iodide. Chronic nephritis seems to be retarded by small doses given over a long period of time.

Locally, a strong saturated solution of the iodide of potassium applied constantly to a contusion or sprain seems to promote the absorption of the exudates. In tonsilitis and other forms of sore throat a weak solution of the iodides is a good gargle.

Any time that we diagnose the condition where products of an inflammatory process have been left behind, we have recourse to the iodide to promote absorption. In aneurysm it benefits by causing a fibrinous deposit within the walls of the sac, which action seems in direct antithesis to its action in other conditions.

As to the manner in which the iodides act, we see by the foregoing that their action is absorptive.

Capps, of Chicago, in discussing the effects of the iodides on the circulation and blood vessels in arteriosclerosis, came to this conclusion: "The iodides probably owe their beneficial influence in syphilitic arteriosclerosis to the absorption of the cellular exudate in the arteries. The absorption may be brought about by the formation of a proteolytic ferment which is created by the union of iodide with antibody, and which has a selective action on the leutic cellular exudate. It is possible that this selective digestive action may be operative to a lesser degree on the cellular exudate in arteriosclerosis due to other causes than syphilis."

There are numerous theories as to the manner in which the iodides act. All of them have to do with the exact way in which the iodides exert this absorptive action. We do know that they exert this absorptive action; further than that we are in the dark, although Capp's conclusions are well borne out by the fact. They remain to be proven in detail. Our knowledge of their action is, therefore, purely empirical.

We thus have no method of measuring accurately the amount of iodide for the benefit or cure of any given pathological condition; therefore, we must give the iodide and watch closely its effects.

We get our most satisfactory results from the iodide in the tertitary form of syphilis.—From Kentucky Medical Journal.

HEAT AND INFANT MORTALITY.

That there is a direct and indirect relationship between a high temperature and infant mortality is obvious. The question is how to apportion the causative factors. There is no need to dilate upon the fact that the hotter the summer the greater the mortality rate among infants, for the matter has already been exhaustively dealt with. Views as to ventilation have changed considerably in recent years, and Flugge,

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Hill, and others have shown that movement of the air is of great assistance in eliminating heat from the body by accelerating evaporation. Moreover, as infants, especially of the poorer classes, spend a great deal of their time indoors, it might be expected that infants living in houses or in parts of cities unfavorable to a free circulation of air would be injuriously affected by such conditions. This has been found to be the case, and consequently it would appear that heat bulks somewhat largely as a direct factor in the causation of summer infant mortality, and further that it is an indoor temperature rather than an outdoor temperature to which infants are exposed.

J. W. Schereschewsky, Surgeon U. S. Public Health Service, in Public Health Reports for December 5, 1913, discussed this relation of heat and infant mortality. He points out that the hypothesis held in this country 35 years ago and advanced anew by Meinert in 1884, that heat itself, by its various effects upon the infant organism, must be regarded as the chief factor in the summer mortality of infants, is once again attracting atention. Schereschewsky concludes as follows: (1) The action of heat as a direct cause in the summer mortality of infants has been greatly underestimated in the last 25 years. In the future much more weight should be given to its influence. (2) The lethal action of heat is a function not so much of the maximum and mean temperatures of the external air as of the indoor temperatures, which, in the late summer may continue to be high, in spite of remissions in temperature of the external air. (3) The action of stale and dirty milk in causing the death of infants has been given a significance which has overshadowed other factors of equal or possibly greater importance. (4) There is evidence to show that a certain proportion of infant deaths are due to specific infections in the dissemination of which contact infection and flies doubtless play a part. (5) As a result, future activities for the prevention of infant mortality must concentrate themselves to a greater extent on the question of housing, especially on the conditions productive of high indoor temperatures, such as overcrowded, narrow streets, and the absence of thorough ventilation. (6) Poor housing conditions can be partially neutralized by the proper care of babies in summer. The general public should be educated as to the importance of high indoor temperature in causing the death of infants, and especially as to measures which prevent babies from suffering from the heat. (7) Breast feeding must still be regarded as a most, if not the most, important preventive of the summer death of infants. —New York Medical Record.

IMMUNIZATION AGAINST TYPHOID FEVER.

The prevalence of typhoid fever in practically every section of the United States makes any measure, which will protect the individual, or assist in preventing the spread of the disease, of importance to health authorities and of general interest. The production of artificial immunity against typhoid fever constitutes such a measure, and promises to have a considerable sphere of usefulness, especially for those about to enter conditions in which they will be unduly exposed to the disease.

However, although anti-typhoid vaccination is useful in the protection of the individual, it should in no wise supplant the measures now in use and advocated for the prevention of the spread of the disease from the sick to the well. It should not lessen the precautions at the bedside, the disinfection of typhoid excreta, the keeping of water supplies, both private and public, free from contamination, the purification of public water supplies where indicated, and the supervision of the production and sale of milk and other food stuffs.

Anti-typhoid vaccine as originally employed by Wright consisted of highly virulent cultures of typhoid bacilli or germs, grown in broth for 24 to 48 hours and killed by heating at 135 degrees F. The vaccine was then standardized, i. e., the strength of the vaccine was fixed in accordance with another of known strength,

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the dosage of which had been gauged by inoculations in man. Anti-typhoid vaccine, unlike smallpox vaccine, is administered subcutaneously and three injections of the vaccine are necessary for complete immunization of the patient. The dosage almost uniformly employed consists of 500 million killed typhoid germs for the first injection, and 1,000 million for each of the two subsequent injections. This dose is designated for a healthy man weighing 150 pounds and is to be diminished for women and children in proportion to their weight.

Not a soldier of the U. S. Army or Navy died of typhoid fever during the last year. But the death rate is still high outside of the army. Dr. Theodore Potter has secured almost universal immunization of the hospital nurses and internes in Indianapolis by lectures and insistence. He has carried out the work with the help of the hospital authorities. All physicians should advise and urge this safe and simple procedure. The Indiana State Laboratory will furnish the material.

Major F. F. Russell, Medical Department U. S. Army, gives the methods employed in the army as follows, from the Transactions of the Brooklyn Pathological Society:

"Our present practice, I may say, is to vaccinate every man as soon as he has enlisted, on the right arm against smallpox and on the left arm against typhoid. We give three doses of typhoid vaccine, at 10-day intervals, the first dose of five hundred millions, the second dose one thousand millions and the third dose one thousand millions. If the vaccinia is severe we postpone the second dose of typhoid for a few days. We do not see many severe vaccinia cases, and very few have to be postponed.

"It is not the custom to excuse men from work to any extent after vaccination; as a rule they do their work just the same. Very few are excused from recruit duty because of typhoid vaccination and when they are excused they are taken to the hospital and put to bed, but are never kept there over one or two days.

"We have encountered no opposition, either in or out of the army."

Major F. F. Russell, M. D., in closing the general discussion, said: "I am very glad to have an opportunity of answering the questions that have been asked so far as I am able to, but before doing so I would like to say something about Dr. Ogan's paper; that is, the point he has brought out, to the effect that in the Department of Health they will keep track of the immunization of contacts in typhoid fever cases so that in a short time, in a few years at most, we may have some reliable statistics to guide us. This will be of the very greatest value and is the best thing I have heard in a long time. We have immunized those in contact with the disease and we believe it is the right thing to do, but we don't have much typhoid so that there is very little chance to do this now. It will need all the statistics that the Department of Health can produce to convince the average practitioner of medicine that he is doing the right thing.

"Now, the point relative to vaccinating at 7- or 10-day intervals: The reason for that is that in the military service ten days is convenient time. All of the men are on duty Sundays as well as on other days, and we can spare them on the tenth as well as on the seventh day; but in civil life, with men who are employed during the week we vaccinate Saturday afternoons and they can have Sunday to themselves. Where it is more convenient to vaccinate Saturday afternoon we use the 7-day instead of the 10-day interval.

"Now the reason covered by Dr. Van Cott's question, for the 10-day interval (the 7- to 10-day interval we might call it, is simply based upon experience with animals, as far as I know, for at the end of five, six, seven and eight days we get a good production of antibodies and the idea has always been not to give our scond dose until the patient has reacted to the first dose, which they do in from five to eight days, and, therefore, we give the second dose at the tenth day. There is another possibility, an anaphylactic reatcion, about the tenth, eleventh and twelfth days and the second dose is often

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postponed until the reacting time; and we often vaccinate on the twelfth, thirteenth and fourteenth days. When we first vaccinated people on the 14-day interval I was very much afraid of the anaphylactic reaction, but as none has been observed, it does not seem that this reaction is of any special importance. Were we using broth cultures containing more or less peptone and other things, we might obtain anaphylactic reactions, and possibly one of the reasons we do not see them is because there isn't enough peptone in our vaccine to produce a reaction. With our technic anaphylaxis does not seem to be of importance, even where we have given a second series of immunizating doses.

"I might say that we re-enlist men once in four years at the present time, and it has always been our custom to revaccinate against small-pox on re-enlistment and we are doing the same thing with typhoid, not because we feel the immunity has disappeared, but we do not want anything less than the maximum immunity for our men and if they are going down to Mexico they will need the maximum and not an average.

"In regard to the point relative to living vaccines: Metchnikoff and Besredka in the last few years have conducted very extensive experiments with typhoid in apes and they have found that in chimpanzees they can produce a typhoid fever by using clinical material; that is, suspension of feces containing typhoid bacilli as it comes from the patient. They found that by vaccinating them with sensitized living typhoid bacilli they were protected against these overwhelming infections, and on the strength of their experiments on 35 apes they conclude that the proper way to immunize against typhoid fever is with the living sensitized vaccine.

"Now, Metchnikoff and Besredka's work stands for itself. It is very evident that their conclusions as far as these apes are concerned are justified by the experiments, but whether you can apply it to man is a different question: whether one is justified in drawing fine conclusions on the basis of animal experimentation I do not know. Of course, you can draw general conclusions, but whether you can draw fine ones is a question. If we had only the experiments in 35 human beings to put against Metchnikoff's 35 apes we would not arrive anywhere, but we have about 200,000 human beings immunized against his 35 apes and we find that the dead vaccine does protect. It might not protect these 35 apes, but it protects human beings, and I do not think that for practical purposes a living sensitized vaccine will ever have any place in practical work, first because our present vaccine is good. If it beats smallpox vaccine it is all right. If our present vaccine had failed we might have taken up Metchnikoff's, but there is no sense in dropping a good thing for something that is dangerous. Living vaccine has elements of danger in it, although it may be impossible to produce typhoid fever by injecting a living bacillus under the skin. Another thing, you can not exclude contamination from living vaccines. You can not sterilize living vaccine so that there would not be tetanus in it, streptococcus or staphylococcus or any other thing.

"There is for our purposes in the Army still another objection It is more important for us to have 100 per cent. of the men immunized with a dead vaccine than to have 50 per cent. immunized with living vaccine, for the time has not yet come when we can persuade cabinet officers to order every man to be vaccinated with living vaccine. They will order it if harmless. Dead vaccines are used because we can assure them that no harm can come from it. That is the biggest objection. It is much better to have an army 99 per cent. immunized with dead vaccine than to have 50 per cent. immunized with live vaccine.

"These are the reasons why we have not used Metchnikoff's vaccine. We might use it on people who came to our laboratory or we might immunize ourselves and I have no doubt it will be used here and in other places by certain men competent to use it, but who would dare to put up 100,000 doses of living

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vaccine and send it out to every Tom, Dick and Harry to use?

"As to the reactions of physicians: It is rather curious that physicians do have bad reactions. I see it every year. In my class at the Army Medical School and at the George Washington University we get more severe reactions in physicians than among other people. People who have a bad reaction the first time might go on and take the other doses quite safely, as I have not known more than one severe reaction in any one person. We know that typhoid searches out the men who refuse the vaccine and the truth of this is astonishing. I see it all the time and get reports all the time. During the last two years that vaccination was voluntary in the Army Medical School we had one man in each class refuse to be vaccinated and he was the only man who came down with typhoid. That happened two successive years.

"Now as to killing the vaccines: We can kill our vaccines with almost 100 per cent. regularity at 54 degrees to 55 degrees for one hour, but occasionally we do not kill every one and there will be a few colonies living. However, we find that tricresol when added kills those and we use the vaccine in spite of the fact that it has not been sterilized by heat. The few remaining colonies are killed by the tricresol and at the end of a few hours the vaccine is sterile. At first we did not think we could kill our vaccines at less than 60, but subsequently found we could kill them if our incubator was accurately regulated for 37 degrees C. On the other hand, if the bacillus was grown at higher temperatures, say 38 degrees, it took more heat to kill the cultures."

OPERATIVE TREATMENT OF EMPYEMA.

Hirano (Deutsche Zeitschrift fur Chirurgie Bd. 124, H. 5-6) reports upon 118 cases of empyema operated upon in the Hazu Hospital in Japan from July, 1900, to June, 1911. Ofthese, 93 cases occurred in children under fifteen years of age. In 71 of these cases the affection was on the right side and in 47 on the left side. In two of the cases the disease started on one side, and in about two weeks also appeared on the other side. In the greater number of cases the disease was primary. In the secondary cases it resulted in adults chiefly from serious pleurisy, and in children from croupous pneumonia. Other causes which figured in adults were rheumatism, caries of the ribs, and pneumonia, and in children measles, whooping-cough, and pleurisy. These cases were all treated by rib resection. The results in the adults were very unfavorable. Twelve out of 24 cases died. Only eight cases remained permanently cured. In children 72 per cent of the cases were entirely cured. In the remaining cases the after-results could not be learned.

The details of the method of treatment are as follows: Whenever a patient was suspected of having empyema a small incision was made in the skin over the suspected area and a needle introduced. In all cases this was sufficient to establish a diagnosis, and it was never necessary to do an exploratory thoracotomy. The skin incision was made in the posterior axillary or the scapular line somewhere between the fifth and the tenth rib. In two cases the operation was done on the anterior breast wall because the empyema was localized there. In children the operation field was kept as small as possible and only so much rib resected as was necessary to permit the introduction of a rubber tube the size of the thumb. In no case was tamponade resorted to, for it either hinders or makes difficult the outflow of pus. Any tendency to hemorrhage could be controlled by gauze wrapped around the drainage tube. The rubber tube is secured by means of a pin stuck through the skin, also by thread carried through the tube from end to end, the ends of this thread being fastened to the skin by means of plaster. The dressing is finished by means of a gauze dressing, which is changed every day down to a thin layer next to the skin, which is changed about once a week. If the pleural cavity does not

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after a reasonable time become smaller, or if the secretion remains copious, Bier's suction apparatus is brought into use.—Therapeutic Gazette.

CYSTITIS IN THE FEMALE.

Gibson (Dublin Journal of Medical Science) says that in general the condition of the bladder during pregnancy predisposes to infection, this being due to the congestion and edema, as well as the stretching of its walls. In many instances a relative incompetence of the sphincter will be present. This accounts for an easy entrance of micro-organisms.

In post-operative cystitis, according to Baisch, the primary infection is staphylococcal, sometimes streptococcal. Superimposed, may be a bacillus coli infection, if it be not already present before operation. Regarding the prevention during operation, efforts should be made to prevent infection of the connective tissue about the bladder, and careful technique in closing the peritoneum over the bladder should be employed. When the catheter must be used, the bladder should be douched with a 2 to 5 per cent. solution of boric acid. This, with urinary antiseptics, is likely to be successful in mild cases where the bladder has not been much disturbed. But after the radical operation for cancer of the cervix, cystitis is almost invariable in spite of these precautions. Douching should be employed here for what it is worth to keep the cystitis in control. Five to ten cubic centimeters of a 1 per cent. solution of collargol injected into the empty bladder, and afterwards washed out has been recommended for these cases.

In dealing with inflammation of the bladder, we frequently see the cystitis coli in which the inflammatory changes are localized to the trigone. This may be a result of a more diffused cystitis which has become chronic, or of gonorrheal extension, or extension from a urethritis due to some other cause, or as a result of tying in a catheter.

In cases of cystitis coli gonorrheica one frequently finds numbers of polypi of various sizes growing from the mucous membrane around the edge of the sphincter. These may become impacted in the sphincter and cause obstruction.

In treating cystitis coli the only satisfactory method is the direct application of nitrate of silver, protargol, etc., on wool through the urethroscope tube. Attempts to cure this condition by douching are fruitless; in fact, they usually aggravate it. The condition is recognized with the cystoscope.

The cystitis in old women is mainly due to an ascending infection. The shrinking vaginal wall pulls the outer lips of the urethra apart. The elasticity and capacity of the bladder are reduced. The micro-organisms, and particularly the colon bacillus, ascend to the bladder along the continuously urine-bathed urethra. The Charlotte Med. Jour.

LONDON TIMES DECLARES EMPIRE WILL MAKE BIG BLUNDER IN NOT ATTENDING THE PANAMA-PACIFIC EXPOSITION.

The Times publishes a fifty-four page supplement dealing with the history, the resources and the probable future development of the Pacific coast states of North America, with special reference to the effects which must follow the opening of the Panama canal.

In an editorial in connection with this publication the Times again gravely warns the British government of the serious blunder it is making in its refusal to participate in the Panama-Pacific exposition, and urges the reconsideration of its decision.

The editorial points out how difficult it will be effectually to refute the belief engendered by that refusal that England and Germany "are banded in a secret agreement to wage war against American commerce and freeze American out of South America."

"Americans are naturally and rightly proud of the great boon they, by superhuman energy and pereseverance, have bestowed on the world," says the Times, "and it is unthinkable that England, of all nations, should from motives of economy hold aloof from the celebration of

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that triumph, more especially in view of the prospect of the removal of the difficulty concerning Panama tolls and the opening up of Alaska to commercial development by a two-fold stimulus—the removal of the ban of Roosevelt's conservation policy and the influence of the canal."

This friendly note from the London Times recalls the remark of Thoreau: "Read not the Times; read the Eternities." But this was only a reminder that we pay too much attention to newspapers and not enough to the great works of literature—"the best that has been said and done in the world." Emerson in his "English Traits," regarded by many as his most consistent historical work, devotes an entire chapter to the London Times. It has been for a century the Voice of England, as the New York Tribune was under Horace Greeley, the Voice of the best sentiment in the United States.

OSLER ON VACCINATION.

Much has been written in the medical and lay press of Dr. Osler's views on vaccination, of the much considerable has been made to carry the idea that he himself doubted its efficacy. We have never been able to seriously entertain such a possibility, but not having the address from which the idea had its origin we were unable to determine whether or not the pros or cons were right. One of our exchanges has lately published Dr. Osler's statement of his views on the subject, and the statement is so decisive that it is entirely proper to pass it on. He says: "I do not see how any one who has gone through epidemics as I have, or who is familiar with the history of the subject, and who has any capacity left for clear judgment, can doubt its value. Some months ago I was twitted by the editor of the Journal of the Anti-Vaccination League for a 'curious silence' on this subject. I would like to issue a Mt. Carmel-like challenge to any ten unvaccinated priests of Baal. I will go into the next severe epidemic with ten selected vaccinated persons and ten selected unvaccinated persons—I should prefer to choose the latter—three members of parliament, three anti-vaccination doctors, if they can be found, and four anti-vaccination propagandists. And I make this promise—neither to jeer nor jibe after them as brothers, and for the four or five who are certain to die I will try to arrange the funerals with all the pomp and ceremony of an anti-vaccination demonstration.—The Medical Fortnightly.

NUCLEINATE OF SODIUM IN DEMENTIA PRECOX.

Dr. Julius Donath, of Budapest, in dementia precox employs solutions of 10 per cent. of nucleinate of sodium, the separate doses rising from 0.5-5.0 grams, and gives from 8 to 12 injections at intervals of 5 days. His results are as follows: Out of 14 dementia precox patients who had been treated with nucleinate of sodium 3 were cured, that is to say, they recovered their full powers and seemed to be perfectly healthy; 5 were improved, 2 of these were able to work again; 3 cases, after a temporary improvement, became worse; 3 cases remained uncured.—American Practitioner for April.

MORTALITY OF HEREDITY SYPHILIS.

A. Post says there is a tendency to disregard syphilis in this country. It is supposed to be a disease of older countries, and rare in this; it is thought to be confined to those who go to seek it and to have no interest for those whose lives are blameless. If one accepts the death returns of the country as final, one may well say that the fatalities from syphilis are negligible. The author proceeds to show that this belief is not founded on facts, and gives the experience of those in charge of the Dermatological Clinic of the Boston Dispensary to emphasize this point. Further attention is drawn to the failure to give a census of syphilitics, although attempts have been made to approximately learn the amount of disease in the country. The figures fall between 15 and 20 per cent. It is then from its numbers of no inconsiderable

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importance, but the failure to rightly report syphilis means an addition in the report of something else. It falsifies the report. Syphilis is an infectious disease, conveyed by the most innocent kiss or even careless handling. Probably at least one-half of the syphilis in the world is innocently acquired, and even the sinners are our brethren. The desire to attach disgrace to all victims of the disease leads to concealment and difficulty in study.—From the Boston Medical and Surgical Journal by way of the Medical Record.

TOBACCO VS. MENTAL EFFICIENCY AND VASCULAR TONE.

Dr. A. D. Bush gives the following summary from his investigations:

1. A series of 120 tests on each of fifteen men, in several different psychic fields, show that tobacco smoking produces a 10.5 per cent. decrease in mental efficiency.

2. The greatest actual loss was in the field of imagery, 22 per cent.

3. The three greatest losses were in the fields of imagery, perception and association.

4. The greatest loss, in these experiments, occurred with cigarettes.

5. Nicotin was found in the distillates of all tobacco tested.

6. Nicotin was not found in the smoke of any tobacco, except that of cigarettes, and then only in traces.

7. Pyridin was found in the smoke of all tobaccos tested.—New York Medical Journal.

Dr. E. E. Cornwall, in American Medicin, writing on the same subject, says that his observations on the effects of chronic tobacco poisoning contain the suggestion that chronic tobacco poisoning has a disturbing effect on the vasomotor mechanism, depressing heart action and blood pressure, and also that it has a disturbing effect on the myocardium, which manifests itself by signs and symptoms resembling those of myocardial degeneration. Extended observations conducted along these lines, especially with carefully guarded functional tests of the myocardium in relation to the different phases of tobacco poisoning, would seem to promise help in clearing up the subject, at present obscure, of the effects of tobacco on the circulatory apparatus.—Medical World for May.

Reese says that tobacco smoking has been known to produce violent and even fatal effects when carried to great excess, although there is considerable diversity of opinion as to whether nicotin is present in tobacco and smoke or not. The rapidity of the effect of tobacco on the human system varies with the quantity. Musser and Kelly are authority for saying that tolerance of tobacco is an individual question. Even in ordinary valvular disease an element of tobacco poisoning may be present and intensify the disturbance. That inveterate smokers in late life are more liable to hyperpiesis, or to atheroma, is an assertion often made and even preached on little or no evidence.

S. E. E.

CENTURY OF THE CIGAR.

It is just one hundred years ago since the cigar was brought into France and smoked by Spanish officers who had attached themselves to the fortunes of Joseph Bonaparte. One of them was fated to lose nearly half his face and an eye in the defense of Paris against the allied armies—namely, the Comte de Montijo, father of the Empress Eugenie. The winter had been severe, the suffering great from want of sugar, coffee and other small luxuries to which Parisians had been accustomed. Women plied the razors on men's faces in the barbers' shops. They unloaded barges in the Seine and drove wagons to the markets.

The soothing effect of the Count Montijo's and his friends' cigars were observed in high places, and the government instructed the tobacco state monopoly to manufacture them ad libitum after a model purchased in Spain. The police saw to the distribution of the new comforter, and cigar smoking became a feature in Paris life before the disaster of Leipzig. The aids-de-camp salon at the

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Tuileries reeked with cigar smoke. There was then no prejudice against the cigar. There was against the pipe, which the fine gentlemen—all snuff-takers—left to the common people.—Paris Letter to London Truth.

"THE WILD WOMEN."

One of England's "wild women" on Monday of this week, destroyed one of the most notable portraits in the galleries of the Royal academy, that of the distinguished novelist, Henry James, painted by Sargent, the great American artist. This act was more than usually senseless, since the picture belonged, not to the nation or the public, but to Mr. James himself, having been presented to him by admiring friends. Of course, this is not the first case of the destruction of private property. On the very day that the James portrait was destroyed, an arson squad of suffragettes burned the grandstand of a tenhis club. Many private individuals, in no way related to the government or to public affairs, have suffered. There is not a shopkeeper in England who is safe as against the depredations of these vandals.

The very essence of this senseless campaign is its irrationality. Yet it is hardly more irrational than the policy of the government in relation to it. In many countries of the world the lawless classes are coming to feel that they are specially privileged, and that it is the height of tyranny for governments to interfere with and punish them. But it it shocking that women should descent to such depths of criminality. Arson, destruction of property and assault are crimes. And those who perpetrate them are felons. To burn a man's house or destroy his property is quite as contemptible as it would be to pick his pocket.

The question in all such cases is whether society is strong enough to protect itself. England seems powerless as against these "wild women" who pretend to be serving the cause of "votes for women." There are indications that society is getting ready to protect itself without the help of government. And that, of course, would mean mob law against mob law. And to that, if things go on as they have been going, the English may come. Ten years ago it would have been thought monstrous for a man to knock a woman down. But now it is recognized that even men have the right of self-protection. And when a few weeks ago a man knocked down a woman who tried to horsewhip him, there was no criticism of his act except from the woman who suffered. Some measure of "equality," therefore, has already been attained. And there will be a good deal more of it.

The above from the Indianapolis News shows to what extent a woman scorned or believing she is wronged may go. What would we think in Indianapolis if a woman seeking her natural right to vote should emphasize it by destroying the beautiful portrait of the poet Riley by Sargent, which is the most lover and most valuable portrait in our city. It hangs in the Herron Art Institute. There is no defense for such action. The French shot the women who fired Paris during the Commune.

TWILIGHT STATE AND SUBSEQUENT AMNESIA AFTER SLIGHT CONCUSION OF THE BRAIN.

Meyer describes a most interesting case, summing up as follows: Female, 31, had murdered her four children by drowning. She was aparently sane but her ancestry was very poor. Put to intelligence tests she was subnormal—there was a certain grade of debility. Her married life had been very unhappy and on account of the disposition of her husband, and the increasingly bad prospect for the future, it was thought possible that she killed her children out of love for them. This motive is regarded as quite normal under certain circumstances, it being held that a woman of normal mind may be so wrought up as to commit evil with the best of motives. Before the deed was committed, the woman had sustained from her husband some 20 blows on the head. She was laid up on one occasion with vomiting, vertigo, etc., and no doubt a slight concussion result-

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ed. The immediate effects of the crime and of her future caused not the least disturbance in her mind. On the other hand there was amnesia in regard to the murder and also of a trip taken to her parents' home as a result of the same. That this behavior could be regarded as a "twilight state" with an impulse to murder, in the epileptic sense, was the opinion of the author. (This should be of interest to the legal profession.)

MEDICAL RECORD.

April 18, 1914.

Syphilis in Relation to Life Insurance—H. H. Schroeder states that an applicant with a syphilitic history should not be accepted unless one year at least has elapsed since last treatment, until several negative Wassermann tests have been made, and a negative Wassermann reaction obtained at the end of the year. A negative provocative Wassermann reaction, especially if repeated, indicates that the spirochetes have been destroyed in the parts reached by the circulating blood. The simple complement fixation reaction is invaluable as a proper control of treatment; it is of little value in determining a cure. Nonne's four points of diagnosis justify the belief that a patient has been cured; but this procedure is not practicable in life insurance. An applicant with a history of tertiary syphilis is not insurable in any circumstances. As to different tests, reports are absolutely valueless unless they come from competent and trustworthy serologists. Many applicants will consider the exactions too burdensome, or will not be in a position to comply with them, and, consequently, some business will be lost; but the loss of applicants with a syphilitic history will promote, rather than hurt the ultimate interests of the company.—New York Medical Journal of May 9, 1914.

Our own experience with Life Insurance Companies in that they are very shy of cases of cured syphilis. The late Dr. J. W. Hyde, of Chicago, after thorough study of life insurance statistics, concluded that the mere fact of syphilis at any time in an applicant should be a discount on longevity of 10 per cent. in favor of the company. We may come to a time when a negative Wassermann will be required in the army and navy before enlistment and before insurance is granted by standard companies. Locomotor ataxia is recorded to have been arrested for over 20 years—the writer observed such a case which had been under the care of the late Doctor Whittaker, of Cincinnati, in early lues, and in whom he diagnosed locomotor ataxia after ten years. And yet this man of 50, who used a cane by day and carried a lantern by night, had taken over 20,000 on the basis of a cured rheumatism. He admitted syphilis, but was regarded as cured by his medical examiners and insurance companies. Doctor Walker, of Evansville, has observed a similar case.

The writer has observed two cases of latency of lues existing for 50 years. Both were old soldiers infected in army days. One had seven healthy children—the first was still born. The mother had a syphilitic ulcer on her forehead in her 70th year, yielding to potassium iodide and mercury.

The second had no children, his wife at 75 is in good health. Her husband had deep ulcers of the face yielding quickly to treatment—also a positive Wassermann test. These are remarkable examples of lues remaining latent for 50 years in apparently healthy people. Either of them might have outlived a 50 years term policy.

But when all is said and done luetics are not first-class risks unless treated several years by modern methods, and having negative Wassermanns for a year or more, not activated by treatment of iodide and mercury.

TREATMENT OF NEPHRITIS DURING SCARLATINA.

This is the "captain" of the many dangerous complications or sequella of scarlatina and sad pictures of its ruthless intrusion crowd our memory as we pen this paper. Unfortunately, we have found it easier to treat than to cure. Possibly

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our want of skill may explain the latter. An insidious foe ushered in by edema of eyelids, hands and feet, accompanied by fever and a scanty highly colored urine with little or no nervousness may be our first intimation of its presence. Albuminuria is present. Warm baths two or three times daily, hot enemas of saline solution combined with mild diuretics, milk diet and absolute rest in bed should be our reliance. Severe cases with vomiting, convulsions and uremic complication will require hot vapor baths, 100 to 105 degrees for fifteen or twenty minutes and then envelope patient in hot blanket without drying, inviting free diaphoresis. Our chief efforts should be directed at restoration of functions of kidneys by diuretics, cupping dry or wet, hot baths, etc. Lumbar puncture and hypodermic administration of morphia and atrophia have been used and recommended by Allaria and Sheffield, but personally I have had no experience in children with either. We may have nephritis occurring during third or fourth week of disease, with dropsical effusion into serious cavities with edema and uremic symptoms which will call for purgation, sweating and diuretics. All uremic symptoms occurring during a nephritis demand energetic treatment, the principle of which has been outlined.

Dropsy is counteracted by diuretin, digitalis, spartein, etc. Overtaxed heart may require digitalis, nitroglycerin or strychnine. Anemia calls for iron, preferably Basham's mixture, milk diet and absolute rest in bed a sine qua non in all forms and conditions of nephritis continued well on into convalescence.—Mosby in Kentucky Medical Journal, April.

LOCAL TREATMENT OF VINCENT'S ANGINA BY SALVARSAN.

Rolleston (Proceedings of the Royal Society of Medicine) said in part:

The local treatment of Vincent's angina by salvarsans may justly be described as simple, safe, and sure. An objection to its expense has been made. Thus Lebenthal states that a case of mercurial stomatitis so treated cost 10 fr. a day, that ten days were required before the cure was complete. In the present case the expense was considerably less, little more than two shillings' worth of the drug being used. After this patient had been discharged from the hospital Rolleston received a paper from Dr. Delsaux, of Brussels, who recommends a blood examination in every case of Vincent's angina as a guide to treatment. He urges that in cases in which anemia is pronounced intravenous injection should be associated with local applications of salvarsan. No examination of the blood was made in this case. Rolleston adds that a child who lost her uvula developed leucocythemia and died four months after her recovery from Vincent's angina.

Salvarsan has also been used tropically in other localizations of Vincent's organisms—viz., ulceromembranous stomatitis (Roger), noma (Netter), mercurial stomatitis (Zilz, Le Blaye), and balanoposthitis (Roger)—as well as in other conditions unconnected with syphilis, such as soft chancre (Melun, Levy-Bing and Morin) and varicose ulcers (Levy-Bing and Duroeux).

TAPEWORM.

Treatment. Thymol in cachets of 0.25 Gm. 4 grains) to be given in the morning on an empty stomach for eight days. Worms usually expelled on third or fourth day. Twenty-three cases treated with success. All alcohol to be stopped during treatment.—Artault.

VACCINE THERAPY OF PERTUSSIS.

(1) Pertussis vaccine, used in ten cases of whooping cough, apparently reduced the severity and shortened the duration of the disease. (2) To be effective the vaccine should be given in much larger doses and at a shorter intervals than hitherto recommended. (3) A dose of 50,000,000 bacteria should be tested as a prophylactic.—Luttinger in Medical Record.

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MEDICAL MISCELLANY

THE INDIANAPOLIS MEDICAL SOCIETY.

President, T. B. Eastman; vice-president, E. de Wolf Wales; second vice-president, J. W. Carmack; secretary-treasurer, Alfred Henry.

MEETING MAY 5, 1914.

Dr. T. B. Noble reported a case of ovarian carcinoma.

Dr. Frank W. Gregor gave reports on skin cancer with caustic treatment and eczema of hands.

Dr. J. A. MacDonald reported a case of primary tuberculosis of sternum.

Dr. H. F. Beckman reported a case of elephantiasis vulvae.

No abstracts of these papers were furnished.

MEETING, MAY 12, 1914.

Dr. Frank B. Wynn gave a lecture on mountains and mountain climbing illustrated by a great number of stereoscopic slides, the most of which were his own production. The theme of his well received talk was "Recreation as a factor in mental and moral efficiency."

MEETING MAY 19, 1914.

Central Insane Hospital.

Dr. George F. Edenharter, Superintendent of Hospital, had issued invitations to members of the Society to be present at an opening of the new building known as the Cornelius Mayer Hall.

One hundred seventy-five turned out and were royally entertained.

The President had all the ex-presidents of the Society sit on the stage. Drs. A. W. Brayton, W. N. Wishard, George J. Cook, O. G. Pfaff, Theodore Potter, A. C. Kimberlin, S. E. Earp and H. E. Gabe were present.

The program was in two parts.

PART I.

"The Insane Diathesis," with report of cases, Dr. M. A. Barr.

He said: Severe hereditary taint plays a role in the etiology of many psychoses, and often modifies the course and symptoms in a definite direction. Apart from these fully developed psychoses, slight alterations of the personality are often observed which are simply designated as constitutional psychopathic states. There exists numerous gradations between normal health and the psychoses. Especial stress was placed on a group of patients who are not feeble minded, who psychologically, by the Binet-Simon tests, certain mental symptoms manifest themselves aside from the fully developed psychoses. These as children appear frequently to be normal as far as intelligence is concerned, are even at times considered very bright with plenty of shrewdness and cunning. Ethically they are often splendidly endowed, but on closer examination it will be noted that they are very superficial and frequently in early life commit all sorts of misdemeanors and come in conflict with the law. In this group we find the wayward girl and the incorrigible boy, who frequently shock their communities with their early criminal tendencies. In other cases, well pronounced psychopathic endowment merely manifests itself in ill-defined, partial, or latent imperfections, such as eccentricities, moral insensibility, and unsociableness, which are not consistent with normal development. In other cases, well pronounced psychopathic manifestations as hallucinations, illusions and delusions appear in childhood.

Dr. F. C. Potter followed with "A Case of Juvenile General Paresis."

C. F., aged seventeen years, father (?) living, uses alcohol moderately. Two of his sisters insane and one brother feeble-minded. Mother, at seventeen, had a rash over her body, accompanied by sore throat and ulcerated mouth. Seven months later, gave birth to our patient. Blood serum gives a positive Wassermann reaction. Mentally, she is below the average. Blood serum strongly positive. Four half-brothers show evidence of syphilis.

At twelve years of age was struck

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over the head with a club and was unscious several hours. At first complained of severe pain in his head, became fretful and irritable. After a period of depression, had a severe general convulsion. During the following night, he became violent and threatened to kill the members of his family. Patient is an underdeveloped, poorly nourished, white male. Gait tottering; deep reflexes are all markedly increased. Blood serum gives a strongly positive Wassermann reaction. Spinal fluid shows increased tension; increased globulin; no reduction with Fehling's solution; pleocytosis; very strongly positive Wassermann reaction. Patient is completely disoriented; consciousness is clouded; attention held with great difficulty. Memory is impaired for remote and recent events; train of thought is irrelevalent and incoherent; evidence of auditory and tactile hallucinations; mild childish ideas of grandeur. Repeats test phrases poorly and writes a tremulous scrawling signature.

The Society unanimously voted to extend its sincerest thanks and appreciation to Dr. Edenharter for his kindly remembrance and fraternal devotion.

PART II.

Dr. Edenharter addressed brief remarks to his visitors, expressing his appreciation of so large a turnout of the Indianapolis Medical Society. He said the last three new buildings had been dedicated similarly. After explaining the mysterious word on the invitation, Niagaemocklatyalptae (read backwards, "eat, play, talk, come again"), Dr. Edenharter invited the members to go to the dining room. This meant a buffet lunch of a high order.

MEETING MAY 26, 1914.

City Hospital.

Health officers of the state were in their annual meeting in the city. They were invited as a body to attend a clinic arranged especially for them.

Program:

Case reports: Tuberculous Serositis with ptients shown by Dr. J. A. MacDonald.

Dr. David Ross showed a case of tumor of the abdomen of questionable pregnancy. Dr. Jane Ketcham had made the Abderhalden test for pregnancy and said it was positive.

Case reports: Cerebro-spinal meningitis. Dr. W. D. Hoskins. After these reports Dr. Hoskins demonstrated the technique of Lumbar Puncture and administration of Flexner's serum.

Dr. J. W. Sluss, superintendent of the City Hospital, served refreshments.

MEMBERS OF INDIANA ACADEMY BEGIN ANNUAL SPRING MEETING AT SOUTH BEND.

South Bend, Ind., May 28.—Between fifty and one hundred delegates arrived for the annual spring meeting of the Indiana Academy of Science. The sessions continued Friday and Saturday. A feature was the annual address of Dr. John M. Coulter, of the University of Chicago, on "Plant Breeding and How It Will Help Solve the Problem of Our Food Supply." Following Dr. Coulter's talk a business session was held.

The country about South Bend, which is the meeting place of three great ice lobes, is of special value for the study and research of geologists.

The academy has a small donation from the State for printing its proceedings. Most of the college professors of Indiana attend the spring and winter meetings.

DENTISTS OF THE STATE MEET.

The Indiana State Dental Association opened its fifty-sixth annual meeting at the German House May 19. W. E. Kennedy, D. D. S., of Indianapolis, president of the association, made an address. The Rev. Joshua Stansfield gave the invocation.

This year the program was arranged for every other half day to be devoted to clinics.

A special clinic for physicians and surgeons with the automatic clinical recorder for hospitals was given at the city hospital. Dr. Weston A. Price, inventor of the machine, had charge of the clinic.

The machine is designed as a central

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station to show the temperature, pulse and respiration of the patients in the hospital. A small button is attached under the patient's arm, with wires leading to the machine. By means of electricity, the exact condition of a patient can be determined at any time by the machine.

An alarm is sounded if the temperature, respiration or pulse is too high or too low. Dr. Price spent twenty years in working on the machine. He presented it to the medical profession in 1913 in Toledo, O. He gave it as a contribution from the dental profession and has dedicated it to the free use of all for the best interests of humanity. Dr. Price is still working on improvements for the machine.

The instrument will be shown at the meeting of the American Medical Association.

The State Dental Society was entertained by the Indianapolis Medical Society at the City Hospital. Clinics were held by Drs. McDonald, Ross and Hoskins. S. E. E.

HENDRICKS COUNTY MEDICAL SOCIETY.

The Pittsboro meeting was held May 22d in the Christian church from 4 to 6 p. m. Dr. Louis W. Armstrong, of Danville, read a paper on the "Management of Labor in Village and Country Practice," with discussion by Dr. O. T. Scamahorn.

Dr. Will Shimer gave a talk on collecting various pathological specimens to be sent to the State laboratory. He gave each one present a copy of the excellent directions printed in pamphlet form with illustrations of the sets of boxes, etc., sent by the Health Board on request.

Adjournment was had for supper served by the Ladies' Aid Society of the M. E. church. At 7 p. m. Dr. John N. Hurty, Secretary of the State Board of Health, gave a moving picture and stereopticon lecture on public sanitation. There was also lecture by Dr. Ernest Cooper with discussion by Dr. W. H. Terrell on "Sanitation in Small Towns." Drs. W. F. Clevenger, T. C. Hood and A. W. Brayton were guests of Dr. O. G. Pfaff to and from this very interesting meeting.

ANNUAL HEALTH OFFICERS MEET.

It was one of the best meetings. Each year there is a convention of this kind under the auspices of the Indiana State Board of Health. This year it was held in the palm room of the Claypool Hotel May 26-27.

Dr. H. A. Cowing, of Muncie, read a paper on "The Need for the Whole Time Health Officers," which was discussed by Dr. H. O. Bruggeman, of Fort Wayne, and others.

There was a bill before the Legislature of 1913 to have all health officers devote their entire time to health work and to place them on a salary sufficient to compensate them for their work, the same as any other county, city or town officer. Many of the health authorities of the State supported the proposition, but it died in committee.

The opposition came largely from health officers in small towns and counties, where the annual pay is small, ranging as low as $10 or $20 a year. It is said that a similar bill will be presented to the Legislature at the next session, and it was the idea of the State Board of Health that this conference would be an excellent place to drag out the plan and have the health officers thrash it out.

Dr. John H. Landis, of Cincinnati, formerly of Logansport, read a paper on "The Social Evil in Its Relation to Public Health." Dr. Porter Linthicum, of Evansville, lead the discussion. Dr. A. W. Brayton, by request, discussed Dr. Landis' paper. Other topics were "Importance of Vital Statistics," Dr. F. G. Thornton, Brazil; discussion, Dr. S. E. Earp, Indianapolis, who said, "that health boards should have the earnest support of every doctor and he should educate his patrons to recognize the worth of their work. A doctor is made more competent in his work by the use of statistics.

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The one who reports his cases to the board simply because the law directs him to do so deserves but little credit and dereliction is a stain on character; "Co-operation with the State Society for the Study and Prevention of Tuberculosis," W. D. Thurber, Indianapolis.

Dr. C. A. Zinn, of Frankfort, gave an interesting address on "Public Health Work in Clinton County." He said particular attention was paid to the gathering of birth returns, that the record may be kept complete. He insisted that physicians should report all births within thirty-six hours. When he receives a birth return he sends a post card acknowledgment to the physician. He also sent a birth certificate to the mother of the child, and this, he said, is evidence in any court of the birth and identity of the child. Later he sends to each mother a package of pamphlets on the proper care and feeding of babies.

Once a month he publishes in a daily paper at Frankfort a complete list of the births reported in Clinton county for the previous month, so that any mother whose child's name does not appear may make report and thus obtain the official birth certificate.

Another interesting address was by Dr. J. H. Morrison, of Bartholomew county, on the subject of "School Inspection and Trachoma in Bartholomew County." He said a representative of the federal health bureau made a thorough inspection of the 4,200 school children in that county and found forty-nine cases of trachoma, or granular eyelids, a serious, infectious disease.

Dr. George F. Keiper, of Lafayette, discussed the address and exhibited a number of lantern slides. He said the roller towel was the most prolific spreader of trachoma. He cited one instance where 240 cases of trachoma at Lafayette and Ft. Wayne were traced to the use of a roller towel by one boy.

The health officers are not compelled by law to attend these conferences, but when they do attend, in response to a call of the State Board of Health, their expenses are paid by the county, city or town which they represent.

HEALTH BOARD CHANGES.

Dr. Mavity J. Spencer, who has been president of the health board for some time, has retired and was not an applicant for reappointment.

Dr. Spencer has been a member of the city health board eleven years. Besides serving on the health board, Dr. Spencer has been superintendent of the city dispensary, city sanitarian and superintendent of the city hospital.

The position of president of the city health board pays $500 a year. Other members of the board receive $100 a year. Dr. Spencer is held in high esteem by the medical profession in Indianapolis.

Dr. Gustavus B. Jackson, 3140 North Delaware street, yesterday was appointed to succeed Dr. Spencer. He was appointed as a Democratic member. Dr. Jackson has been practicing surgery in Indianapolis for eight years, specializing in abdominal surgery and obstetrics. He was a graduate from the University of Chicago and later studied a year in Berlin.

Dr. Thomas B. Eastman has accepted an appointment from Mayor Bell as a member of the City Board of Health, succeeding Dr. Moses Thorner, who has resigned. Both Dr. Eastman and Dr. Thorner are Republicans. The appointment is for the unexpired term of Dr. Thorner ending May 31, 1916.

Dr. Thorner and family recently went to California and have since decided to remain there indefinitely. Because of this fact, Dr. Thorner offered his resignation, which was accepted by the mayor.

Dr. Eastman is president of the Indianapolis Medical Society and a member of the staffs of the City, Methodist and Deaconess hospitals. He is also a member of the faculty of the Indiana University School of Medicine. He studied medicine in Indianapolis and later took post-graduate courses in New York and Berlin.

The active practice of Dr. Eastman has extended over a period of twenty-one years and for the last fifteen years he

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has made a specialty of surgery. He lives at 4150 Washington boulevard.

The board organized by electing Dr. Thomas V. Keene president, Dr. Thomas B. Eastman vice-president. Dr. Morgan remains secretary and sanitarian.

S. E. E.

MEDICO-LEGAL.

Appellate Court Upholds Verdict Against Doctors for Malpractice.

The Appellate Court has affirmed the Howard Circuit Couprt in giving Mary L. Vernon a judgment of $2,500 against Dr. Thomas W. Longfellow and Dr. William E. McKee for malpractice. The doctors appealed from the judgment of the lower court, asserting that the answers of the jury conclusively showed the injury of which she complained was the result of an inward disease, and not of any neglect on their part, and that the answers also showed that they had used all reasonable diligence in tending the injury.

Under the law the general verdict of the jury is conclusive unless the answers to the interrogatories specfically overcome all the material allegations of the complaint. In this case the plaintiff's attorneys filed six paragraphs of complaint, the first of which alleged negligence in failing to discover and treat the plaintiff for a split bone in the leg just above the ankle; the second, for negligence in using gasoline to remove some adhesive tape strips; the third, for negligence in putting the leg in a plaster cast; the fourth, for negligence in failing to diagnose the injury and then using gasoline to remove the adhesive strips and thereafter putting the gasoline-washed leg in a plaster cast; the fifth, for failure to discover and properly treat an alleged dislocated hip; the sixth, in failing to discover the alleged dislocation of the hip and then bandaging the leg too tightly.

The plaintiff, when injured on October 16, 1905, was only sixteen years of age. Her mother testified she came home from school complaining that some boys had chased her and she had fallen on the sidewalk. After lying down for a time she went around the house and down town that evening. Next day Dr. McKee was called.

The answers of the jury show that the doctor advised the use of hot water to reduce the pain and was again called while he made an examination and attempted treatment, and afterward he and Dr. Longfellow came together and they called in two other physicians to consider the injury, and they tried various treatments, and that gasoline was used by good physicians in removing adhesive tape. The jury also found that the bone of the leg was not split at the time the injury occurred nor was the hip dislocated as alleged, but that plaintiff was suffering from a disease of the bone.

The Appellate Court held that the answers of the jury do not overcome enough of the allegations of the complaint, but that there are sufficient allegations left to support a judgment. The law being that if the answers of the jury do not specifically overcome all the allegations of the complaint, the judgment must stand, the doctors must take their share of the burden of the laws passed to promote damage suits.

The physicians are reputable and skilled in the practice of their profession, it has generally been understood, and many are surprised at the action of the court.

S. E. E.

AT THE LILLY LABORATORIES.

The members of the graduating class of the Indiana University School of Medicine were guests of Eli Lilly & Co. May 19th. The afternoon was spent in an inspection of the Lilly laboratories and in the evening six o'clock dinner was served at the Claypool Hotel. President J. K. Lilly presided. Dr. F. B. Wynn and Dr. J. F. Barnhill, officers of the medical faculty, spoke briefly. Dr. J. P. Buckley, of Chicago, and Dr. W. B. Price, of Cleveland, two distinguished representatives of the dental profession who were attending the State dental meeting were present and also addressed the students. Dr. Price is the inventor of the clinical recorder, a device that has attracted

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much attention in medical circles. During his stay in Indianapolis Dr. Price gave some interesting demonstrations before medical gatherings and at local hospitals.

JOLT FOR EUGENICS.

Medical Association Tables Resolution at Baltimore—Indiana Men Elected.

Baltimore, May 28.—The American Medico-Psychological Association, at its annual convention here, refused to go on record as favoring eugenic marriage laws. The resolution was tabled by a large majority.

Resolutions recommending the segregation of the feeble-minded, imbeciles or other mental delinquents and the establishment of separate institutions for their care were adopted unanimously.

Dr. S. E. Smith, of Richmond, Ind., was elected president of the association for the coming year. Dr. E. N. Brush, of Baltimore, was chosen vice-president, and Dr. Charles G. Wagner, of Binghamton, N. Y., was re-elected secretary-treasurer.

Dr. S. E. Smith, superintendent of the Easthaven Hospital for the Insane at Richmond, who was elected president of the American Medico-Psychological Association at Baltimore, is a native Indianian, a graduate of Indiana University and of Indiana Medical College. He has for twenty years been in charge of the hospital at Richmond. Dr. Smith has a high reputation among American alienists, and has written much on subjects pertaining to this branch of his profession. He is one of the pioneer advocates of the colonization of the insane, and last year, on his recomendation, the State added a large tract of land to the Easthaven institution.

DR. THEOBALD SMITH BECOMES DIRECTOR OF NEW INSTITUTE.

Announcement has been made by the Rockefeller Institue for Medical Research that Dr. Theobald Smith, now professor of comparative pathology in the Harvard Medical School, has accepted the position of director of its new department of animal pathology. This department has but recently been established, and the fact that Mr. Rockefeller has added $1,000,000 to the endowment of the institute for the support of this department, and that Mr. James J. Hill has pledged $50,000 for its use in the study of hog cholera became known only a few weeks ago. The department is not yet organized or equipped, but it is expected to begin active work within a year. In the meantime Professor Smith will continue his connection with Harvard University so long as may be necessary to complete work on which he is now engaged at its medical school. He has had a distinguished career as a pathologist and bacteriologist and is considered as one of the world's foremost bacteriologists.—From A. M. A. Journal, May 23, 1914.

One can not do better than to look over the files of the A. M. A. Journal for the last few years and read the papers of Dr. Theobald Smith on immunity, on vaccines, on bacteriological problems. Simple, lucid, and instructive they are, and full of original work.

We putter with little things; the "hypocritical days" come to a close and we have laid aside the great papers.—and alas we never take them up.—A. W. B.

FORD OFFERS DETROIT $3,000,000 HOSPITAL.

Detroit, Mich., June 4.—In a letter to the directors of the Detroit General Hospital, now in course of construction, Henry Ford, automobile manufacturer, today announced his willingness to take over the property on West Grand Boulevard, complete the work and provide Detroit with a creditable nospital.

Mr. Ford is chairman of the board and his generous offer was unanimously accepted by all the members. His offer involves the expenditure of about $3,000,000, and he will repay to every person who has contributed every dollar he or she has given for the building of the hospital, which numbers about 100 and totals over $400,000.

About $300,000 has been expended on

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the building, the service building, laboratory and private patients' building and an operating room being now under construction. At least $250,000 will have to be expended before a patient can be received, but the work will be pushed rapidly upon the delivery of the deed of the property.

Mr. Ford will assume all outstanding debts and contracts and he asks in return that he be relieved of all obligations such as employing particular individuals and everything of that nature.

In returning the contributions and asking that he be relieved of employing any individual, Mr. Ford merely desires to be unhampered and untrammeled in what he thinks best. He is working out a plan and wishes to be free to carry it out.

THE POET RILEY PRAISES THE SONGSTRESS, MISS WARRUM.

"When it came to my notice a few days ago that you are planning a testimonial concert for Miss Helen Warrum, I felt impelled to send you a word of good cheer.

"According to the Scriptures a prophet is not without honor save in his own country. And that may still hold good 'down in Judee,' but here in Hoosierland we use the revised version, for to honor our prophets is our first great privilege, whether they come with a sword and shield or only a song on the lips. All we ask is that they be not false. It is a fine thing that Indiana has come to realize that to honor herself she must first honor her children.

"This young girl with the full throat and the golden note has sung herself out of the home country into the larger world. As she is about to leave for that land where 'music with her silver sound' is the very language of the people, I want to add my hearty wishes to the many that will follow her.

"Her father and her father's father were near and dear to my own people in the days that are gone, and so it is with an interest more than common that I watch her as she faces the hardships and struggles that have always been the toll that talent pays to fame. That she will face them bravely I have no doubt; that she will triumph, I firmly believe; but whatever may befall her, she goes knowing that she bears with her the faith and affection of those that know her best—her neighbors. As one of them I sign myself with every good and hopeful wish."

"Light winged is song," says the poet. One of the most beautiful tributes made by Myron Reed is in honor of Emma Abbott, to whom he lent ten dollars to get away from Columbus, Wis., where Mr. Reed was preaching. It rained. Mr. Reed lighted the church and collected the thirteen quarters. Many years later the gifted singer called and paid the debt, saying, "Mr. Reed, ten dollars when one needs it is worth more than 100,000 when one don't." This tribute is one of many beautiful memoirs in Myron Reed's Temple Talks, 1893. He was the greatest preacher ever in Indianapolis, not forgetting Henry Ward Beecher.

The Journal wishes Miss Warrum every success and joy. Poetry and music have filled many shores with hope and comfort which the recession of philosophy and science have left exposed and lifeless in the memory of our own times, and to music and poetry we may look for our greatest joy and happiness in the future. Miss Warrum's father we know and love; his address on Robert Burns is poetry and music itself.—A. W. B.

PEARY ON ARCTIC HYSTERIA.

Hysteria in the arctic regions, which somewhat resembles the "running amuck" of the Malays and the hunger strike demonstrations of the British militant suffragettes, has been a subject of some interest in a meeting of New York doctors. The Eskimo name for this form of nervous affection is piblokto, and it prevails, says Peary in his book, "The North Pole," on the western coast of Greenland. He says: "The patient, usually a woman, begins to scream and tear off and destroy her

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clothing. If on a ship, she will walk up and down the deck, screaming and gesticulating, and generally in a state of nudity, though the thermometer may be in the minus forties. As the intensity of the attack increases, she will sometimes leap over the rail upon the ice, running perhaps half a mile. The attack may last a few minutes, an hour or even more, and some sufferers become so wild that they would continue running about on the ice perfectly naked until they froze to death if they were not forcibly brought back. The attack usually ends in a fit of weeping." The cause of these singular manifestations is said to be a kind of love hunger. Most Eskimos are cruel to their wives and piblokto comes because the discouraged woman imagines no one cares for her."

Perhaps we should not think of Frederick Cook at this time, who says he discovered the North Pole, but we call to mind that he is the star actor at the Lyric Theatre in this city at this date, June 8, telling of the things he has done and perhaps incidentally the things he has not done. S. E. E.

UNIVERSITY NEWS—OLD AND NEW.

The annual instruction for the benefit of postgraduate students conducted by the medical faculty of McGill University, Montreal, will commence June 1.—— Lectures in the medical department of McGill University ceased April 30. The examinations will be held May 4 and succeeding days. The graduating class this year numbers seventy-five.——Examiners at Toronto University will take part this year at the examinations of McGill University, while those from McGill will go to Toronto. This will be done this year only in anatomy and pathology, but in future years this is expected to be extended to embrace many subjects.—From A. M. A. Journal May 23, 1914.

The interesting feature of the above note is that the two great university medical schools of Canada are willing to turn over their classes one school to the other for examination.

When the writer reflects upon the great numbers of students whose papers he has passed in chemistry, toxicology and in physiology and pathology, in dermatology and clinical medicine, during his thirty-three years of medical teaching in Indianapolis, he congratulates himself that no one of the adjacent State schools, as Michigan, Rush, Ohio Medical, etc., had the opportunity of examining his classes And they might have felt the same twinges if the exchange had been made. Then two years; now four years; then a few days or weeks in hospital—now a year. And yet good work was done and good men graduated.

All change is not progress. In some features the results then were as good as the results now. And we are not cast down or disheartened.—A. W. B.

THE LONG MEMORIAL HOSPITAL.

Our next issue will give a report of the dedication of the Robert W. Long Hospital on Michigan street. The exercises wil ltake place at the State House and continue at the hospital. Prominent speakers will be present from abroad. Governor Ralston, President Bryan, Dean Emerson and others will take part in the exercises which will be held on June 15.

There will be a banquet in the evening.

The hospital has a total capacity of eighty-five beds and sixteen private rooms.

It will be a part of the Indiana University School of Medicine and the faculty of this school will be the medical staff, under the control of the dean, Charles P. Emerson.

The building, complete in every particular and erected at a cost of $250,000, exclusive of the ground, will be presented to the state, a token of the generosity of Dr. and Mrs. Robert W. Long, of Indianapolis.

The following announcement with an invitation was sent out by the trustees of the University:

Dedication of the Robert W. Long Hospital, Indianapolis, Monday June 15, 1914.

The exercises at the State House will be conducted in the Chamber of the

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House of Representatives and will commence at 2:30 p. m. Governor Ralston will preside. The address will be delivered by Dr. Henry S. Pritchett, President of the Carnegie Foundation for the Advancement of Teaching. Subject, "The Medical School and the State."

The dedication service will be held in the east wing of the hospital, second floor, at 4:30 p. m. The hospital will be presented to the State of Indiana by Dr. and Mrs. Robert W. Long and accepted for the State by Governor Ralston. The guests will be received by a committee of ladies, Mrs. Samuel M. Ralston, chairman.

The Alumni Association of Indiana University School of Medicine unites with the Trustees of Indiana University in cordially inviting those attending the dedication exercises to participate in a banquet to be held at the Claypool Hotel at 7:30 p. m.—S. E. E.

THE PHYSICIANS' DIRECTORY IN THIS JOURNAL.

Our physicians' directory is a well patronized source of information concerning the physicians who have perfected themselves in a special line of practice. We have frequently been told by practitioners who live outside of Indianapolis that our directory is often consulted and we also know this to be true inside of Indianapolis. Occasionally we are asked to give information concerning some one whose name is not in our classified list. This we gladly do and very often we are asked concerning those who have cards in the Journal which shows it is an extensive medium of information. Often we are asked when is the best time to bring a patient. This question would be necessary if the card was more complete respecting address, office hours, etc. Elsewhere in this issue there is published a letter from a well known physician nearby Indianapolis relative to this subject. We do not hesitate to say that the physicians and surgeons and those in other special lines of practice who have cards in this Journal are trustworthy, reliable and competent.—S. E. E.

DR. MARY WIDDOP DEAD.

Ladoga, May 28.—Word was received here today of the death of Dr. Mary Widdop, age forty-five years, assistant physician at Longcliff, a hospital for the insane at Logansport. Dr. Widdop was a former resident of Ladoga. Leaving eleven years ago, she went to Indianapolis, where she was graduated from Indiana Medical College, and then went to Lafayette, where she was superintendent of nurses for five years at the Soldiers' home. She then went to Longcliff and since had been assistant physician and had established an enviable record. Miss Widdop's death was due to Bright's disease, with which she had been afflicted for several months.

EX-GOVERNOR DURBIN ADDRESSES HOSPITAL NURSES.

The sixth annual commencement of the Training School for Nurses of the Methodist Episcopal Hospital was held recently at the Broadway M. E. church. W. T. Durbin, of Anderson, delivered the commencement address, in which he praised the graduates for their ambition to become nurses. The diplomas were presented by Charles W. Fairbanks, who said the trained nurse was one of the greatest agencies for humanity. Dr. W. N. Wishard spoke on the history of the training school. Mrs. C. B. Jackson played a violin solo and Mrs. J. N. Greene sang a vocal solo. Dr. E. D. Clark delivered an address to the class. Miss Rebecca Galt, supervisor of the training school, presented the pins to the members of the class. Music also was provided by the Misses Wilhite.

CORONER DURHAM OF INDIANAPOLIS.

Dr. Charles O. Durham has filed his report for the year 1913 with the State Statistician and has also announced that he would be a candidate for a third term of two years, beginning with the year 1915. He is now serving his second term. The salary is $3,000 a year. His service as coroner has been prompt, vigorous and efficient and has been to the best in-

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terests of justice. Dr. Durham is a Democrat in politics. The office is elective. Its duties require the entire attention of the incumbent at present, although the coroner is not precluded by law from the practice of medicine. He appoints a clerk at $75 a month, and also several deputies whose fees depend upon such sums as they may receive from post mortems held by them and for which the usual fee allowed by the county commissioners is $25.00. Dr. Durham as coroner has held numerous post mortems at the city morgue and also at the city hospital morgue. Any of these autopsies may be attended by medical students or physicians, and therefore advance the knowledge of anatomy, legal medicine and pathology. The Journal congratulates him upon his renomination.

USEFULNESS OF PHYSICIANS' CARDS IN THIS JOURNAL.

Greenfield, Ind., May 2, 1914.

Editor of Indianapolis Medical Journal: One of the greatest disappointments in the Indianapolis Medical Journal, as in most others, is to turn to the Professional Directory and find the cards not indicating the office hours nor telephone numbers of the physicians.

Recently we took a patient to Indianapolis to consult one of our professional friends and found on arrival that it was three hours before his regular office hours, and that he would not be in before that hour. Another friend received the fee for services, including a minor operation. Before going we looked in the directory to ascertain the office hours of the physician, but found it not given.

For the benefit of we who live in the field insist that physicians give these items in their cards. We are the ones who use them and they the ones who lose by not having them indicated.

Fraternally,
JOSEPH L. ALLEN, M. D.

NEWS ITEMS.

Dr. G. B. Munger, who has been with the United States Bureau of Animal Industry at Indianapolis for two years, has been transferred to Atlanta, Ga., where he will have charge of the cattle tick eradication work.

Dr. Homer H. Wheeler is attending clinics at Johns Hopkins and will return in July. Dr. and Mrs. Wheeler will attend the meeting of the American Medical Association at Atlantic City in June.

Dr. George D. Kahlo, who is medical director at White Sulphur Springs, West Virginia, is planning to have a special train run from Atlantic City during the A. M. A. meet so that he can entertain a number of Indianapolis physicians as his guests at the Springs.

Dr. and Mrs. Frank S. Crockett, of Lafayette, Ind., sailed April 29th last from Baltimore for Europe. Dr. Crockett will spend six months studying rectal and genito-urinary surgery in London and Vienna.

Dr. E. B. Mumford, who has been doing some special work at the Children's Hospital, Boston, for several months, will complete his course in early June and will return to Indianapolis July 1st.

Dr. John B. Thomas, age twenty-seven, a graduate of Indiana University, class of 1909, and a member of the city dispensary staff for two years, died May 20 at the home of his sister, Mrs. Ehret Carpenter, at Wabash, Ind.

Dr. Thomas was reared in Rushville. After leaving the city dispensary, Dr. Thomas practiced medicine in Indianapolis about two years with his father-in-law, Dr. C. F. Smith. For the last year he had been house physician at the Beth El hospital at Colorado Springs. He returned to Wabash about six weeks ago. He is survived by a widow, a brother, Walter Thomas, of Manitou, Colo.; a sister, Mrs. Ehret Carpenter, of Wabash, and his father, J. Q. Thomas, of Rushville.

Dr. T. F. Holaday, age seventy-nine, the oldest physician in Mooresville, died of paralysis May 18 at his home. Dr.

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Holaday was a graduate of Miami University, Cincinnati, and a post-graduate of the University of Philadelphia in 1858. He had practiced medicine fifty years in Mooresville and Monrovia. He is survived by Mrs. Holaday and one son, Chester Holaday, a traveling salesman, and three daughters, Mrs. V. D. Macy and Mrs. Laura McNaught, of Mooresville, and Mrs. Charles Kenley, of Odem, Tex.

Dr. Mason Volney Hunt, age sixty-five, a physician of Anderson, died at his home May 18 after an illness of about two weeks. For several years he was medical director of the Liberal Life Insurance Company. He had been a resident of Madison county for more than fifty years. Dr. Hunt was a Mason and a member of other fraternities. His widow and one stepdaughter, Mrs. E. W. Chittenden, survive.

PRONUNCIATION OF LATIN.

One effect of the papal "Motu Proprio" on ecclesiastical music which was published eight years ago has been, so we learn from a personal letter written by Pius X himself to the Archbishop of Bourges, to encourage the introduction of the Roman pronunciation of Latin into France. The new method of Latin pronunciation has been employed with success in a large number of cathedral churches, seminaries, colleges and even in country parishes. The Pope considers that the question of Latin pronunciation is closely connected with the restoration of the Gregorian music, because accent and pronunciation of Latin had a great influence on the formation of melody and rhyme in the Gregorian method of singing, but apart from these technical advantages Pius X significantly adds as a further consideration for encouraging the use of the Roman pronunciation that it will consolidate more and more the work of liturgical unity in France, a unity accomplished by the happy return to the Roman liturgy and to the Gregorian chant. For this reason, we wish the movement for return to the Roman pronunciation of Latin to be continued with the same zeal and the same consoling success which has hitherto marked its progressive march. —The Churchman.

APPARENTLY SATISFIED.

The other day a dairy company's complaint clerk was called to the telephone.

"This is Mrs. Mixin," said a woman's voice. "I want to know if your cows are contented "

"Wha-a-at?" asked the amazed clerk.

The woman repeated her question. "I see that your rivals advertise that their cows are all contented," said she. "I will begin to take their milk unless I am assured that your cows are all happy."

The clerk begged her to hold the 'phone a moment. Then he went away and gnawed a corner of his desk. When he returned to the 'phone he said:

"I've just been looking up the books, Madam, and I'm happy to say that we have not received a complaint from a single one of our cows."

THE PUBLIC HEALTH.

The New York Medical Record notes that while great improvement has been made in public health throughout the civilized world in recent years it can not be doubted that if each individual felt it to be his duty to concern himself in this question the advance would be more remarkable. The average citizen, however, has come to realize that his cooperation is required in order that the general health of the community may best be conserved. He is beginning to understand at last that prevention is better than cure.

IN THE ARMY.

Officer—What's the matter with that soup you're turning up your nose at?

Private—It's full of sand and grit, sir.

Officer—Now look here, my man, did you come to camp to grumble or to serve your country?

Private—Well, I did come to serve my country, sir, but not to eat it.—Brooklyn Eagle.

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BOOK AND JOURNAL REVIEWS.

Materia Medica, Pharmacology, Therapeutics and Prescription Writing. For students and practitioners. By Walter A. Basted, Ph, G., M. D., Associate in Pharmacology and Therapeutics at Columbia University. Octavo of 602 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $3.50 net.

The author has endeavored to give us a book furnishing information relative to remedies that will palliate or cure. The laboratory and bedside are not forgotten in seeking therapeutic truths and yet very wisely most stress is placed upon those things which bear on practice even to the exclusion of some matters of great interest in pharmacology. All remedies are not accompanied by a recommendation and some are mentioned to condemn. Digitalis is discussed at great length and the author presents views which are the results of his own studies and those of other investigators. Conclusions from the published researches in such branches as chemistry, physiology, bacteriology, etc., are found in the text. Part third opens by discussion of prescription writing and all things which pertain to it, clearly set forth in twenty-three pages. This book is commendable throughout.—S. E. E.

The Principles of Pathologic Histology. By Frank B. Mallory, M. D., Associate Professor of Pathology, Harvard Medical School and Pathologist to the Boston City Hospital. Octavo of 677 pages, with 497 figures containing 683 illustrations, 124 in colors. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $5.50 net.

This book is a treatise on pathology from a morphologic point of view, it is presented biologically. As has been the intent of the author first by ascertaining so far as possible the cellular elements out of which the various lesions are built up and then by tracing the development of the lesions from the simplest to the most complex. Pathology from this standpoint has generally been irksome to the medical student, but here we find it so presented that to obtain an understanding will not be difficult though the subject at all times requires close and careful study. Dr. Mallory shows by what he has written that he believes the literature of a pathologic subject represents the history of a study, understanding and interpretation of the lesions. It is much less important than a study of the lesions themselves, hence he shows that it is not the literature of a pathologic subject, but perfect tissue, fixed and stained by the best methods, which affords the greatest opportunities for advance. The writer has had high ideals in the preparation of this work and it is not wrong to say that he has nearly approached them. He seems to think that the book as it stands affords a framework on which to build in the future if it seems to fill a want. I am certain that he has accomplished far more than this. It is a splendid presentation of the subject.—S. E. E.

A Text Book of Physiology: for Medical Students and Physicians. By William H. Howell, Ph. D., M. D., Professor of Physiology, Johns Hopkins University, Baltimore. Fifth edition thoroughly revised. Octavo of 1,020 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $4.00 net, half morocco, $5.50 net.

The material herein is presented with much clearness, with elimination of those things which some books seem to use simply as fillers to increase their size. Here are the facts which appeal mostly to those who will be profited by the use of this treatise. The deductions from the literature upon the subject is so concisely done that the seeker after knowledge will not have a difficult task before him. The evidence obtained from the author's study of the subject includes almost everything needful to be known concerning physiology. What is said will apply to the specialist, practitioner and

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medical student. Fundamentals are in no way lost sight of. Chemical work we know is given more recognition in the fields of digestion and nutrition, the author has remembered this. As a physiology, this is a picture of the tendency of the time with ample description. The student who is a careful reader of this book will realize that physiology is a growing subject continually widening its knowledge and readjusting its theories. Occasionally the author makes references to works of historical importance or to separate papers that contain experimental evidence for some special view. —S. E. E.

Biology: General and Medical. By Joseph McFarland, M. D., Professor of Pathology and Bacteriology, Medico-Chirurgical College of Philadelphia. Second edition, thoroughly revised. Octavo of 457 pages, with 160 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.75 net.

Until recently the preparatory work of the physician was too limited in biology and there is not too much now. We are awakening to its importance. Well may we appreciate the thought promulgated by Dr. McFarland that all of the problems of medical science are in a sense biological, and many of the problems of biological science medical. Medical science is, in fact, a branch of biology and should be studied as such. The reader will find interesting what is said in the chapters on blood relationship, infection, immunity, parasitism, inheritance, mutilation, regeneration, grafting and senescence.

No doubt many of our readers are familiar with the author's other publications, one of which is on pathology, octavo of 856 pages, and the other, pathogenic bacteria and protozoa, octavo 878 pages. They are among the best of their kind.

One of the advantages of the book under consideration is that the close of each chapter has from one to seven references so that the reader can satisfy his interest beyond this treatise. We predict that the thirty-six pages on infection and immunity, presented by Dr. McFarland, will be a nucleus for other reading and if so, we can seek the works of Kraus and Levaditi, Metchnikoff, Ashoff, Rickets, Vallerie-Radot and other publications by the present author.

Those who are not doctors, even though they may not possess a large acquaintance with the sciences, will enjoy this book on biology and profit by reading it.—S. E. E.

CENTURY NEWS NOTES.

E. F. Benson, one of the three famous sons of the late Archbishop of Canterbury, has many novels and essays to his credit. His latest book is the intensely modern novel, "Dodo's Daughter." Mr. Benson contributed to the June Travel Number of The Century an article, "Dewan-i- Khas, or The Hall of Private Audience at Delhi."

"A Painted City of the Spanish Main" (Camaguey) is described and illustrated by Julius Muller and W. M. Berger respectively.

Doctor Charles William McFarlane, in "The 'Gex' Portrait of Lord Byron," has a great deal of interesting information on the physiognomy of Lord Byron.

Tolstoy is the chief figure in a series of "Reminiscences of Tolstoy," by his son, the Count Ilya.

AN OMINOUS ADAGE.

When a lady patient living far from town had to telephone for her physician she apologized for asking him to come such a distance.

"Don't speak of it," said the doctor cheerfully; "I happen to have another patient in that vicinity and so can kill two birds with one stone."

Quack Medicine Vendor—"Here you are, gents, sixpence a bottle. Founded on the researches of modern science. Where should we be without science? Look at the hancient Britons. They hadn't got no science, and where are they? Dead and buried, every one of 'em."—Punch.

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INDIANAPOLIS MEDICAL JOURNAL

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24½ Kentucky Ave., Indianapolis.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession. The Editor assumes no responsibility for the views of contributors.

Vol. XVII. INDIANAPOLIS, IND., JULY 15, 1914. No. 7

ORIGINAL COMMUNICATIONS.

MALIGNANT LESIONS AND THEIR TREATMENT.*

By James N. McCoy, M.D., Vincennes, Ind.

Cancer and its kindred or concomitant ailments have long constituted one of the most absorbing subjects in the whole realm of medicine and the interest in it has grown apace, until it is only equalled by possibly one other disease, that of tuberculosis. It is receiving more attention now than ever before in the history of the world, both from the medical profession and the laity. It proves to be an interesting subject in any assemblage, either lay or professional. Reporters for the lay press well know this, and lose no opportunity to run in some cancer copy, authentic or imaginary, which is read with the greatest avidity by the public. Great as is the interest in the subject, however, it hardly keeps pace with the increase in the disease, for it is steadily increasing. From 93 per cent. in 1844, it increased to 6.88 per cent. in 1894 in males, as shown by statistics of the Scottish Widows' Life Assurance Fund. In the United States the increase has been from 9 to 100,000 in 1850, to 43 per 100,000 in 1900. The disease is distributed practically all over the world, only a few barbarian races being free from it. It occurs in every part of the body. No part is exempt. Cases are reported of the disease in clitoris thyroid, adrenal, bladder, bile ducts, breast, intestines, face, liver pancreas, rectum, stomach, uterus prostate, cerebral meninges, follopian tube, gall-bladder, in connection with cholilithasis, vulva, frontal sinus, spleen and appendix. Mayo says that one out of every thirty cases, where operations for gall stone has been delayed, result in cancer.

In 1905 in the state of Indiana, cancer

*Read before the Knox County Medical Society, November, 1913.

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ranked seventh as a cause of death, claiming in that year 1,424 as against 928 from enteric fever.

Cancer and Malignant Tumor.

(Deaths in Indiana per 100,000 Population.)

Year.	Rate.
1900	42.8
1901	44.3
1902	48.4
1903	50.1
1904	51.5
1905	56.8
1906	55.4
1907	59.2
1908	67.3
1909	69.1
1910	70.2
1911	71.3

Statistics for 1912 are not yet available.

We will here discuss in the briefest possible way some of the various theories concerning the etiology of malignant lesions. As a preamble to this, however, it may be advisable to discuss briefly the word malignant. What is malignancy? It is essentially a tumor formation; malignant because it threatens the life of the patient; a persistent, redundant new growth, in the body, but not a part of it, which invades and destroys surrounding tissues, and in the end destroys itself by overgrowth. For, it attains proportions far in excess of the capacity of blood vessels supplying it, so that a malignant growth is constantly perishing at its center while at its periphery it goes on invading and destroying the normal structures, by crowding them to death and usurping the blood supply belonging to them. It grows by a (usually) rapid and indefinite proliferation of cells.

A General Consideration.

It has been my custom in my case records and previous papers of this character to classify epitheliomata in three stages, to-wit:

1. Those so early as to not admit of an ocular diagnosis, or in which the characteristic border is not in evidence, or what Mayo refers to as the precancerous state.

2. Those presenting the physical characteristic of epithelioma.

3. Those with necrosed and sloughing center.

Genesis.

All scientific knoweldge on the subject of cancer and concomitants began with the work of Bichat in the eighteenth century. Since his time a vast lot of work has been done with but little result. This work, however, has made known to us one thing: that there is a great morphological difference in malignant growths, depending on the structure where they originate. In this they differ from other tumors which have much the same structure regardless of the place of origin. This is a complication in the general study of cancer rather than an elucidation, and if it has any etiological significance, it is in favor of the Cohnheim-Pilcher theory, mentioned later. Another phenomenon of much significance is that secondary cancerous growths have a close structural resemblance to the primary growth, even though they be in organs of widely different histological structure. The theory of the parasitic origin of cancer had its sponsors more than one hundred years ago. From 1809 to the present, there are not wanting those who attribute malignancy to bacteria, protozoa and blastomycetes, and the medical world has a few times been excited by some pathologist proclaiming to the world that he had discovered and isolated the causative microbe, but every such microbe has proved to be a jack-'o-lantern and the disease has never yet been reproduced by inoculation with a specific microbe. Williams refutes the microbe theory of origin of cancer by:

1. Demanding that its sponsors isolate the microbe in question and reproduce the disease by inoculation with it; and

2. By stating as a general fact that tissue cells lose their power of proliferation when invaded by microbes.

Is cancer a communicable disease? Williams in his "Natural History of Cancer," discusses this at great length and proves (to himself) that the disease is

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not transmissible, yet admits that melanosarcoma has been transmitted to animals experimentally. Further, he fails to account for the numerous instances of the disease co-existing in man and wife, nor those numerous instances of re-implantation in cancer surgery.

It is not within the province of the writer in the limited space of this paper to even mention all of the unproved theories of cancer origin and with a brief mention of a few of the theories, this section of the essay will end. Shattoc and Balance, in 1895, conceived the idea that it might be necessary for the cancer producing protozoa to pass through some lower organism and with this in view, fed to fish worms, bits of mammary cancer, the while, keeping the worms in sterile sand and water, but the worms ended the experiment by dying. Walker, of Buffalo, American Journal of Dermatology, believes the earth or fish worms to be the original host of the cancer, and his argument in behalf of his theory is interesting reading, but falls far short of proving his contention. The cell theory, more commonly referred to as the Cohnheim theory, was first mentioned by Cohnheim in 1877, and has probably more adherents yet than any other of the many theories of cancer genesis. Cohnheim believed that cancer originated by displaced fragments of the germinal matrix during early embryonic life.

Pilcher describes the pathology of cancer as "A lawless proliferation of pre-existing epithelial cells in luxuriant irregularly arranged masses that invade underlying and surrounding tissues, permeating and destroying them, and finally attaining a mass which can no longer be adequately nourished by an accessible blood supply, and which then falls into central decay, while at its periphery, the process still goes on." This as will be seen, is akin to the Cohnheim theory.

The Cohnheim-Pilcher theory, however, ought not be mentioned without co-incident mention of Muller and Virchow for Muller was the real originator of the cell theory in general in 1838, and Virchow in 1859, took up the discussion and contributed to medical literature his famous formula, "Omnis cellulae Cellula." "Where a cell exists, there must have a cell existed before." In addition we have the theory that cancer is the product of a vegetable parasite. Still others hold that the tumor is an adventitious growth of fungoid origin. Each of the theories mentioned has its stout supporters, for the very simple reason that no theory is yet proved. The fact that cancer exists extensively in fishes lends slight color to the intermediate host theory. In 1910 the President of the United States asked Congress to appropriate $50,000 with which to study fish cancer, partly as an economic matter, but largely in the hope that the study would reveal something of value with regard to cancer genesis in man. Some things long discussed as etiologic factors in cancer genesis are heredity, occupation, geographic location, environment, personal or dietetic habits, etc. We do not find that there is the slightest evidence of malignancy being hereditary, or of there being a hereditary tendency or a hereditary weakened resistance. In the numerous cases which have fallen under my notice, there is not the slightest evidence that heredity is a factor. Occupation is not worth consideration. There is one fact, however, which might cause confusion on this point, and that is that malignancy is undoubtedly much more infrequent in the higher walks of life. Location might well be discussed in conjunction with environment. It seems than cancer, especially external ones, is largely limited to classes or walks of life other than the higher. Rural dwellers, and the lower classes of city residents, are the ones in whom cancer is most frequent.

Has the eating of pork anything to do with the production of malignancy? This question is not any more satisfactorily answerable than many others with regard to cancer, but it might be considered significant that the history of every case of malignancy which has fallen under my professional notice reveals

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that the patient was a pork eater. By this I do not mean that they ate pork to the exclusion of other meats, but that pork formed a large portion of their diet. Williams discusses this matter and calls attention to the fact that cancer occurs in Jews, who, by reason of their religious teaching and customs, do not eat pork. His argument may be answered by stating that malignancy is comparatively rare in the Jewish race, and also by the fact that Jews violate their religious teachings and customs just as readily as any other sect, and that in fact many Jews do eat of pork. Leo Leob mentions numerous agents as causative of cancer, namely: lightrays, especially short waved and ultra violet light, x-rays, long exposure to sunlight, soot, coal, tar, smoking, etc., but mentions no evidence of any kind, quotes no authority and reports no cases. Another significant fact with which I have been much impressed is that there are districts, the inhabitants of which seem especially subject to malignancy, or where malignancy occurs in numbers far above the usual proportion of frequency, while I know other districts where the disease is very rare. What is the significance of this It seems rather convincing that there is some cause, or some special etiologic factor which we know not. Let us hope that additional light may soon be thrown on the subject.

Mayo's remarks on the pre-cancerous state are vital and good. He takes cognizance of the Cohnheim-Pilcher theory and believes in it, and divides the pre-cancerous state into pre-natal and post-natal. The post natal includes all so-called benign growths, or as Mayo properly expresses it, tumors of a temporarily benign nature, such as warts, papillomata, fibromata, scars from various causes, etc.

Diagnosis.

Diagnosis of malignant lesions is easy in advanced stages, but when the disease is so far advanced that diagnosis is easy by every day methods, frequently it is of little use other than to use in making a death report some months later. The wise practitioner will bear in mind that the border line between benignity and malignancy cannot be determined by ordinary methods. Certainly the epithelioma presents certain characteristics, namely, the horny, elevated, rolled, glistening pearl like border, which is unlike anything else under the sun and does not warrant a doubt as to its malignancy, but deep seated growths in the various organs present a different question, and the fact of possible malignancy should always be kept in mind, as well as the fact that an early diagnosis is in very many cases the only diagnosis which will save the life of the patient. If the diagnosis be in doubt, let a biopsy be had, and if the diagnosis be sure, still let there be a biopsy for confirmation.

Physical diagnosis frequently fails to determine malignancy of the gastro-intestinal tract early enough to permit surgery to save the life of the patient, but the surgeons are now doing effective work in cancer of the gastro-intestinal tract if diagnosis is made early enough.

Gastric carcinoma produces some subjective symptoms in a great majority of, if not all cases, but these symptoms are vague and can do no more than arouse in the mind of the medical attendant, the possibility of malignancy. This probably precedes blood in the stool, either free or occult, and certainly long precedes "coffee ground" vomit. At this early date, Roentgen rays, will give evidence of obstruction, dilation or some persistent uniform irregularity of the stomach or duodenum, which diagnosticians now know almost certainly means malignancy, or gastric or duodenal ulcer and these latter lesions are now conservatively looked upon as a pre-cancerous state. Such evidence warrants an exploratory operation. Recent work in gastric diagnosis by X-rays is certainly a scientific triumph and makes possible practically the first advancement in surgical relief of internal malignancies.

Prophylaxis.

No medical discussion can be complete

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without a consideration of prophylaxis, and therefore let us try to do our duty in that particular. Unfortunately there is not much to be said on the subject of prophylaxis, but what there is, is of very great importance. We do not here use the word prophylaxis in its usual sense, but would say rather, the prophylaxis of danger from malignancy as far as may be. Prophylaxis as the term is used here, consists in the removal of all known benign growths and skin lesions by excision, dessication, fulguration, cautery or x-rays. We say advisedly, removal of all benign growths, because the border line between malignancy and benignity is not distinct. If a pathological specimen be submitted to the histopathologist, he must necessarily report that it is malignant or benign. Malignant, if he finds the characteristic picture abnormal, the concentric whorls more or less surrounded by normal connective tissue, benign if these characteristics are wanting. We have recently heard and read much about precancerous conditions and pre-cancerous states ,and occasionally some histopathologist presumes to report that a specimen is pre-cancerous tissue. This latter, I believe to be unscientific and unwarranted. We believe as we have said that the histopathologist should render his report on what he sees and not what he presumes. A pre-cancerous state may be defined as some local predisposition, congenital or acquired, to the formation of cancer. Instances are warts, moles, nevi or other congenital cell growth, irregularities, scars, long continued irritations from eczema, lups vulgaris or lupus erythematosus, x-ray dermatitis, or from various mechanical or chemical means. The fact that malignancy supervenes on benignity in many instances has long been known. It does not require the services of the histopathologist to diagnose a wart or mole though every lesion removed should be examined to determine possible malignancy, but the function of the histopathologist in relation to the practitioner is, in my opinion, to report whether the specimen is malignant or benign, and I do not think the water should be muddied by anything else.

Treatment.

Let us here have a brief resume and discussion of the various methods of treatment of malignant lesions.

Any treatment of these lesions must be directed at the redundant cell growth, either to destroy the tumor outright, or to inhibit and stop the cell proliferation. Every method of treatment yet devised has one of these two ends in view.

In the first class are the escharotics and surgery.

In the second class are the metals and their salts, serum, radium and the x-rays. It is not known definitely when the use of escharotics came into vogue. The earliest use of them of which I find record was in 1840. They are still in use, largely by irregular practitioners, but occasionally by members of the profession who ought to know better, and possibly do. The best that can reasonably be said of this treatment is that it occasionally cures a case which would more certainly yield to surgery. If it ever had a place as a rational treatment (which I doubt) the time is passed. Surgery has for its object the extirpation from the body of every vestige of malignant cell growth.

Cancer surgery is practiced almost always by reputable ethical men, which cannot be said for its bitter opponent, the escharotic, but it is prone to failure because the operator is not omnipotent. However skillful he may be he can only guess at the limits of the growth and the same may be said of his contemporary with the escharotic, and if any vestige of the growth be left recurrence is certain.

An external growth presenting the characteristics of an epithelioma is already so far advanced that no time should be lost in bringing it under treatment. A growth of this kind may be relied upon to grow more and more rapidly as time elapses and its area of infiltration always far exceeds the apparent border of the lesion. The blood supply to such a region is always [illegible]

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in excess of that in a like amount of normal tissue, and the healthier and stronger the patient and the better his circulation, the more rapid will be the progress of the disease. It is a known fact that the disease always far exceeds its apparent borders and no eye can tell its real limits, and it is for this reason, if for no other, that I believe surgery and escharotics to be a misdirected energy in superficial malignant growths in the second or more advanced stage.

With regard to metals, not much need be said. In 1809 Carmichael thought carbonate of iron cured the disease, but it proved to be a delusion. The latest sensation of the kind was the premature announcement of Loeb with regard to colloidal copper, which likewise has proved to be a failure.

Ionic surgery is a term applied by Massey to an electric process devised by him, which though it has been successfully used in selected cases, has little or no advantage over regular surgery.

The serum theory of cure was first used in 1909, when two co-working physicians, observing the cure of a case of cancer of the omentum by autolysis, aspirated some of the ascitic fluid and started with that as a working basis, but nothing resulted. The cure mentioned was simply a case which for want of better explanation, might be called autolysis, of which a few cases have been reported.

Radium has curative properties, but its cost and still more its scarcity, preclude its general use.

The use of Roentgen rays in treatment of cancer was, until recently, largely limited to that form of technique now referred to as the fractional dose. This consisted of a series of exposures of ten to fifteen minutes' duration, two or three times per week and resulted in the cure of some epitheliomata and many failures. The technique used by myself in treatment of this class of cases and which has given excellent results was the result of my own investigation, is still in use by me and so far as I know is not used elsewhere. It consists in daily treatments with a soft tube, exposing the growth and a considerable surrounding area, to a sufficient extent to produce erythema; from this time all skin surrounding the growth would be protected by lead foil, but treatment of the growth itself continued until it disappeared.

Another method now in use is known as the erythema dose. Its sponsors believe that when erythema is produced, all treatment to the lesion should stop, until the erythema subsides, when another dose will be given if necessary. The sponsors of this method think it possible to overtreat the cancer tumor. My experience has absolutely proved to me otherwise. The erythema dose method is a scientific procedure and has much to commend it, and especially in the treatment of skin diseases, other than malignancies. The erythema dose is measured by Sabourraud or Holzknecht scale. One Sabourraud unit very closely approximates the dose which is sufficient to produce a marked erythema.

Another method of treatment has come into use within the last one and one-half years, known as the massive dose, and this marks a step of immense importance in the war against malignancies. The technique of this method of treatment differs radically from the other methods described. As its name implies, it is a massive dose. For it a very hard tube is necessary, preferably one reading nine by the Benoist scale and a sufficient current from a transformer to properly excite the tube. A filter is used for two purposes. 1st, To filter out and exclude the soft alpha rays known to be the cause of x-ray derenatitis, and 2d, to shatter the hard or gamma rays by which their therapeutic efficiency is believed to be increased. This technique is not used on skin lesions, but is giving satisfactory results in deeper growths, for which it was devised. It has been sufficiently used to demonstrate its curative powers in deep malignancies, both carcinoma and sarcoma, but is still in its infancy.

In conclusion we may say that the outlook in regard to cancer is more fav-

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orable than ever before. Superficial malignancies are curable with x-rays if treatment can be used early enough to have a fair chance. Until recently, deep seated malignancies were universally regarded as hopeless. In consequence of the advances made by surgery and by the Roentgen rays in diagnosis and therapy, this gloomy outlook is materially changed. The appalling increase in the death rate from this class of diseases is evidence that every regular physician should awake and do his duty in the war against these ailments by recognizing the pre-cancerous state and by doing his active best to keep cancer patients of his clientele out of the hands of irregular practitioners who prey upon the unfortunate cancer patients more than upon all other ailments put together.

PRESENT TENDENCIES IN INFANT FEEDING.

By W. D. Hoskins, M.D., Indianapolis.
Lecturer on Diseases of Children, Indiana University School of Medicine.

The family physician who attempts to be up to date in all departments of medicine has assumed a big task. He need not attempt to keep up with each specialty in all its details, nor try out methods in their experimental stage, but he should be informed as to the drift or general trend in these departments. Some of these tendencies are probably experimental and transient. Others are real advances in knowledge and represent permanent steps or stages in medical progress.

In the onward movement of medical science, that department devoted to the care and feeding of infants and children has not stood still nor lagged. Many are inclined to regard the changing methods of feeding as fads of the specialist, analagous to changes in style of dress, without apparent basis other than whim or caprice.

A little investigation will convince one that this is far from the truth. Each new idea, theory or method is based on careful, thoughtful study, experiment or research, and represents some definite change in our knowledge of the physiology of digestion, or of the nature of the disease process.

No attempt will be made to detail the researches and experiments which are back of these changes, nor to review the large volume of current literature out of which the present methods have evolved. It is my purpose to review briefly, and to comment on some of the present tendencies in the artificial feeding of infants.

It is always worth while to reiterate, what may to many be tiresome, but which nevertheless is sadly in need of emphasis, that many babies are weaned unnecessarily. Artificial feeding should in the vast majority of cases, be at first only supplemental to breast feeding. If the profession and the laity could only be aroused to the danger of early weaning and abrupt weaning, it would materially lessen the difficulty and the mortality in artificial feeding. No insignificant part of the skill in feeding infants is to know when to begin to feed them. If we could eliminate the number in which artificial feeding was begun too early and those in which it was begun too late, the group of difficult feeding cases would be small.

There is a distinct tendency to spend less time teaching intricate formulas for the treatment and feeding of cases in general, and to spend more time teaching students and physicians what specific element in the food is causing the trouble in a given case. For example, to be able to differentiate an overfed baby from an underfed baby; a fat indigestion from a proteid indigestion; a food intoxication from a bacterial infection.

Fundamental as this may seem, it is by no means always an easy matter. I think I may safely say that we are getting away from hair splitting discussion

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of fractional differences in formulae, and spending more time

1st, In working out a simple yet comprehensive classification.

2d, In determining definitely the nature and cause of the disturbance.

3d, In so modifying the food as to minimize the offending element and substituting one that will correct the morbid process and at the same time maintain nutrition.

But even so, students continue like the Greeks of old to ask for a "sign," in order that after determining as nearly as possible the offending factor in a given case, they may have some general "method" from which as a basis they may adjust the food as indicated.

Simplicity.

It is evident that not only timid and ignorant mothers, but intelligent physicians as well, are driven to the use of proprietary foods by the complicated and formidable formulas advised in modifying fresh milk. It is all very well and entirely fitting for the specialist to be able to calculate accurate and intricate formulas in critical cases, but if we expect the busy physician who has to practice off hand a dozen specialities, to follow our progress in scientific infant feeding, we must reduce it to the simplest possible terms compatible with efficiency.

The simplest and most efficient plan is that based on an accurate knowledge of the per cent. of each food element given. We may thus recognize the personal factor in each case and at the same time have a broad scientific yet flexible basis.

It is quite natural since the percentage method of feeding was worked out at a time when it was believed proper to feed high fat percentages that the two should be associated in the minds of physicians. As a matter of fact there is no essential relation between the two.

The calorimetric method in which the amount of food to be given is determined by the weight of the child is undoubtedly a valuable adjunct in guarding against overfeeding and underfeeding. It is weak as a method of feeding, in that it offers no clew as to what or how to feed, but only how much. As a check it is valuable. As a method of feeding it is inadequate.

Discussion remains active as to the relative merits of high fats vs. low fats; and of high protein vs. low protein. In this, as in many other things, we shall never have unanimity of thought and practice. The nutritive requirements and the digestive capacity of the individual case are the predominant factors. The physician himself is another variable factor. Some are experienced and skillful in feeding high fats, and they have success with it.

Other men deplore high fats, and feed low fats, and have apparently equally good results. In short, each is a specialist in his own method. He recognizes its danger signals and knows its limitations.

It is significant that those who feed high fats, feed low proteids, and conversely, those who feed high proteids feed low fats. With either plan the infant receives sufficient nutriment, and its physiological ability to adjust the supply to the needs of the organism, enables it to thrive.

It is wiser and safer for the average physician not to side exclusively with either extreme.

My experience has led me to believe that physicians have better success in their difficult feeding cases by using moderate percentages of both fat and proteid. These are naturally and easily secured by using whole milk as the basis for their modifications. With this it is not difficult to raise or lower either fat or protein when indicated. Moreover, it certainly has above all other methods the advantage of simplicity.

I find physicians who throw up their hands when you begin to talk about top milk mixtures, and take to some proprietary food, will manifest some interest when you suggest that they can probably succeed by merely diluting whole milk and adding so much sugar. This not only applies to the normal cases, but is even more applicable to the difficult

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feeding cases where as a rule one or more elements have been used to excess.

If it was rational to argue, when we believed that the proteid in cows' milk was the cause of most of our feeding troubles, that we should reduce it to the proportions found in mother's milk; why is it not equally rational, now that the proteid has been acquitted of most of the wrongdoing charged against it, to say, if we must feed cows' milk, let us feed it in the relative proportions nature made it and intended it to be used. In other words. I believe that much of the trouble with our former top milk mixtures was due to the fact that we tried to make cows' milk like mothers' milk, instead of feeding it as it is.

The sugar element of the food, because of its ready assimilation, supplying heat and energy, being a nitrogen sparer, promoter of water retention, easily stored as glycogen, and convertibility into fat, has always been accorded a high food value. Because of its presumably little tendency to cause trouble, it was the one ingredient about which we felt secure. But recently this is changed, and the sugars must now take their turn with the proteins and the fats, and are charged by our teutonic confrerees with being the cause of many if not all the ills the flesh is heir to.

Some (Finklestein) have gone so far as to claim that the ordinary attacks of vomiting and diarrhea such as we are all familiar with in hot weather, and have usually attributed to bacterial infection, are really food intoxications and that sugar is the offending element. Furthermore, they back up their contention by the best possible evidence, i. e., when sugar is withdrawn the cases improve, even if the percentage of fat be kept the same, and the percentage of proteid increased.

Leopold, however, found no sugar fever that was not accompanied by diarrhea; the inference being that the fever was due to the diarrhea rather than to the sugar. So far as I can learn, he offers no proof to refute the claim that the diarrhea as well as the fever, may be due to an excess of sugar.

We are not prepared as yet to admit the entire truth of this claim. There are certain extenuating circumstances. For instance, it is the custom in Germany to boil the milk after modifying it. This would materially reduce the number of cases of bacterial infection, so that the cases they observe would be more likely to be chemical and toxic, rather than bacterial and infectious. However, we have certainly been made to sit up and take notice, and have verified anew the truth of the ancient aphorism, "experience is fallacious and judgment difficult."

Experiments show that sugars vary in their rate of absorption, some being assimilated rapidly, while others distribute their nutriment over a longer period. For example, maltose is most promptly assimilated, cane sugar next and milk sugar slowest. This may be of practical value in determining the choice of a sugar, possibly also an argument for splitting the sugars and using more than one.

Jacobi years ago advocated the use of cane sugar in preference to milk sugar in modifying cows' milk. The use of maltose was probably delayed by the fact that until recently it was only available in the proprietary foods and it is probably the largest single element in their success. It is now on the market as a dextri-maltose and can be bought by the pound at a reasonable price like milk sugar.

The condition in which dextri-maltose is particularly indicated is in acute attacks of vomiting, diarrhea and fever. It seems that recovery is more rapid and recurrence less likely to take place if dextri-maltose is substituted for milk sugar or cane sugar when these have been used, and the subsequent gain in weight is more rapid.

In brief, I think it safe to say that pediatricians are relying less implicity on milk sugar, but are inclined to split the sugar element, giving cane sugar a place of value, and dextri-maltose a decid-

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edly prominent place, particularly in acute and difficult cases.

Proteins.

Protein is the tissue building element in the food. The element essential to growth. Fats and carbohydrates can, within certain limits, be utilized almost interchangeably by the system, but if the proteid is too low, nothing can replace it.

This categorical imperitive on the part of the growing organism, together with the fact that fats and sugars have been proven to be the cause of disturbances formerly attributed to proteins, has enhanced the importance of this element in modern feeding. It may, however, cause trouble if present in excessive amount. Its tendency to cause in young babies, flatulent colic, is well known. It is the element furnishing sustenance to the group of putrefactive organisms which are at times the source of foul, putrid stools, sometimes with fever and diarrhea, and at times with severe, even virulent infection.

On the other hand, proteid is the element which by its own bacterial flora, neutralizes and corrects the acid fermentation and intoxication so often found from overfeeding with fats and sugars.

This antagonism is utilized in practice, by feeding in the above intoxications, high proteins in a variety of forms, such as skimmed milk, buttermilk and albumin milk.

Casein milk is prepared by precipitating the casein, straining off and discarding the whey, then adding the casein to boiled water and buttermilk.

It is a question in the minds of many, whether the beneficial action of buttermilk is not due to this property of correcting acid fermentation by its high proteid content, rather than to any specific virtue of the lactic acid baccillus.

The disadvantages of high protein mixtures are that it is difficult to secure a gain in weight unless sugar is added. The casein milk is complicated to make and is difficult to feed through the nipple. On the whole, it may be said that high protein milk is of value in acute acid intoxications due to fat and sugar intolerance, but is not practicable for a prolonged diet.

Curds.

There has been quite a controversy over the origin and composition of the curds found in the stools of artificially fed infants. Very minute analyses and biological tests have been made. Without going into details, it may be said that there is a protein curd usually large, tough, often bean like, containing in its meshes a variable amount of fat. There is also a smaller, softer, flakey curd composed of soap of the fatty acids.

Dr. Haskell has demonstrated that there is a fine, soft curd identical in appearance with fat curd—possibly it is a fat curd—which is due to an excess of sugar in the food. It disappears when the sugar is reduced and returns when sugar is added beyond the infant's individual tolerance.

Whey.

Whey is probably used less frequently than formerly. In cases of acute gastric indigestion it is often retained when casein is vomited. On the other hand, its limited food value, high salts and sugar, and the fact that infants soon tire of it, makes its prolonged use inadvisable or dangerous.

Salts.

Recently Schloss and others have attributed no small part of the digestive disturbance in infants to a faulty adjustment of the salt content of the food. Our knowledge of the function of the various salts in milk, and their influence on the processes of digestion and metabolism, is so indefinite that we cannot safely apply it clinically.

Jacobi advocates the addition of common salt to modifications of cows' milk, claiming that it aids gastric digestion, softens the tough casein curd, and influences favorably the assimilation of fats. This influence of the salts on digestion and metabolism is a fertile field for research and experiment, and is probably the next in which we will receive new light.

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Alkalies.

By modern tests mothers' milk is shown to be normally acid like cow's milk. The acidity of milk that causes trouble in feeding is not that natural to the fresh milk, but is that resulting from bacterial action after milk has stood (Chapin & Pisek). The gastric juice of the infant is said to contain little acid, but relies on rennet to coagulate milk. The addition of alkalies, lime water, sodii-bicarb., etc., in the quantities usually used, neutralizes gastric secretion, impairs coagulation and interferes with stomach digestion. This throws additional work on intestinal digestion where most of our trouble occurs. Animal experiments are said to show that antagonizing the normal reaction of the secretion by alkalies, lessens the amount of nutriment assimilated from a given quantity of food. Alkalies may be of value temporarily in certain cases, but their continued use is probably unnecessary and detrimental.

Diluents.

Diluents are probably less frequently used than formerly. By their colloidal action they undoubtedly facilitate the digestion of protein. A normal baby will digest sufficient milk if properly modified, to nourish it, without the aid of other diluent than plain boiled water. In delicate infants and delicate feeding cases it is doubtless possible to feed stronger mixtures by adding a small amount of some cereal water or gruel. My preference is rice water. It is as efficient as any, and is always available.

These diluents are seldom needed if the proportions of fat, sugar and protein are properly adjusted. The omission of the cereal simplifies the preparation of the formula and makes it less likely to sour. The fewer and simpler the ingredients of a formula, and the less handling, the less the danger of contamination.

Recent researches seem to show that there is a diastastic or starch splitting enzyme secreted in the infant's stomach earlier than was formerly taught. Many are testing this clinically and are feeding carbohydrates in the form of wellcooked gruels, in the early months. Experience which, after all, is the best teacher, would suggest that starches should only exceptionally be fed before the sixth month, and cautiously before the first year. Occasionally, however, a very obstinate feeding case will be helped surprisingly by the addition of a thoroughly cooked or dextrinized gruel.

Feeding Interval.

There still exists a difference of opinion as to the proper feeding interval. The general feeling is to lengthen the interval. Many claim that both normal and difficult cases do better on a four hour period. Some who have tried this plan have returned to the shorter hours.

Of course, no hard and fast rule can be made. My personal experience is that for the average case, three hours is best, although many cases, especially overfed babies, do better on a four hour period.

Pasteurization.

Owing to the difficulty of securing fresh, clean milk for the average city supply, there is a growing feeling that pasteurization is the only safe way to deal with the problem. Its advocates claim that its dangers have been overestimated or are imaginary, while the dangers it combats are constant and real. Personally, I am not yet convinced that it is impossible or impracticable to supply to a city of this size, a clean, raw milk from tuberculin tested herds, delivered within 24 hours of milking, at a price that is within reach of the average working man, and with a fair profit for the dealer.

Such milk will, of necessity, cost from seven to ten cents per quart. For the poor who cannot afford to pay that price, the city or private charity should provide or help provide the supply.

In a word, when the child can have fresh, clean, raw milk it is best. When this is not available, pasteurization is the next alternative.

Summary.

There is a growing appreciation of the supreme value of mother's milk. A

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large per cent. of difficult feeding cases are due to premature, abrupt or ill advised weaning. There has been a distinct advance in our ability to make accurate, definite diagnosis as to the individual element causing disturbance, and treat accordingly.

There is a growing tendency to simplify methods of modifying cows' milk. To feed lower fat percentages. For example, whole milk instead of top milk, can be used as the basis with equally good results in many normal cases, and with better results in most difficult cases. There is a corresponding tendency to feed a higher per cent. of protein. It is probable that many of the acute gastro-intestinal disturbances formerly attributed to bacterial infection are really food injuries, usually fat intoxications or sugar intoxications. The percentage method remains the best method of determining relative proportions of food. The calorimetric method is valuable as a check and as a guide as to how much to feed. There is a tendency to make the feeding interval from three to four hours, instead of between two and three hours as formerly. Pasteurization is safer where the milk supply is not fresh and clean. Fresh milk is preferable if it can be secured.

ABOUT WOMEN.

To nearly every woman there comes at least once a time when the demands of her self-respect seem all out of proportion to its value.

Women are tolerant of their own men, but merciless in their judgment of others. Men condone in other women much that they would not tolerate in their own.

One of the easiest ways to make an enemy of a woman is to give her advice that she knows is good.

A man may be interested in a clever woman, but the one he really admires is the one who thinks he is clever.

Sometimes a woman refuses to divorce a man who has been a failure as a husband, simply because her pride will not permit her to admit publicly that her judgment is at fault.—Ann M. Walker, in July Lippincott's.

WARRANTED TO KILL.

The poor tramp and the young cook form a combination that has afforded material for joke-writers the world over for generations. Here's one that is like all the others, and yet just a little different:

"Are you the same man who ate my mincepie last week?" inquired the woman.

"No, mum," mournfully responded the tramp; "th' doctor says I'll never be th' same man again!"—July Lippincott's.

HOW THE FARMER CAN PREVENT MALARIA.

In Supplement No. 11 to Public Health Reports, published Feb. 13, 1914, R. H. von Ezdorf, surgeon U. S. Public Health Service, points out measures that farmers can take to prevent malaria. It is only, however, by understanding the manner in which malaria is contracted and spread, and acting upon this knowledge, that the disease can be prevented. The farmer must therefore comprehend that (1) malaria is contracted only through the bite of a special mosquito; (2) man infects the mosquito, and the mosquito in turn infects man. In order to prevent malaria the chain must be broken somewhere and the means for effecting this object may be summarized as follows: Houses to be screened and rendered mosquito proof. Mosquito bars to be used over beds if the house is not well screened. Quinine to be taken to keep the system free from the malaria germ. The breeding of mosquitos to be prevented by clearing ditches of grass and weeds and doing away with stagnant water. Von Ezdorf gives a number of instructive examples of how farmers by following these methods have abolished malaria from their immediate neighborhood.—New York Medical Record.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

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TWENTY-FOUR MEDICAL GRADUATES. EIGHTY-FIFTH ANNUAL COMMENCEMENT OF INDIANA UNIVERSITY.

Comment on the Past and Present of Medical Education in Indiana.

Over two hundred people from Indianapolis attended the university commencement exercises Wednesday, ten a. m., June 24, of the class of 1914. The commencement was everything that could be desired—a pleasant day, a large attendance in the beautiful tree-shaded campus; music by the college orchestra; an address on "Education," by Dr. Le Baron R. Briggs, Dean of the Faculty of Arts and Sciences of Harvard University.

Following the formal conferring of degrees by President William Lowe Bryan, there was at one p. m. the serving of a bountiful dinner to the graduates and their relatives and friends, as well as to all outside visitors, in the ample rooms of the gymnasium and students' building.

The Indianapolis delegation had a special train of six cars at eight a. m. from the city, leaving Bloomington at four-thirty p. m. Most were friends of the thirty-four graduates of medicine from the University School of Medicine. The names and home addresses of the new Doctors of Medicine are as follows:

Harry Aldrich .....Hamilton
A. B., Indiana University, 1912.
Clifford Loomis Bartlett....Indianapolis
Donald Adelbert Bartley.....Danville
A. B., Indiana University, 1912.
George Edwin Boesinger.....Lagrange
Myrtle Minna Brill.....Shawnee, Okla.
A. B., Indiana University, 1912.
Ernest E. Cahal.....Riley
Edward Charles Cekul .....Bront
Charles Broadway Danruther.West Baden
A. B., Indiana University, 1912.
Merrill Stamper Davis.....Marion
A. B., Indiana University, 1912.
Earl Kindall Holt.....Indianapolis
Pearl Evelyn Hyatt .....Washington
A. B., Indiana University, 1912.
Jesse Lee Jackson .....Wabash
Clarence Kenneth Jones .....Paoli
Byrl Raymond Kirklin .....Gaston
Ralph Landis Lochry .....Franklin
A. B., Indiana University, 1912.
Edward Wood Markwell ....Georgetown
Frank De Wess Martin.....Indianapolis
A. B., Indiana University, 1912.
Will Carleton Moore .....Summitville
A. B., Indiana University, 1912.
Harold W. Nimal .....Indianapolis
Henry Frederick Nolting..Freelandville
Charles Edward Savery .....Knox
Michael John Shiel .....Indianapolis
Carroll J. Tucker .....Crawfordsville
A. B., Wabash College, 1911.

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James William Van Sandt.....Carbon
A. B. DePauw University, 1910.

It may be noticed that nine of the graduates have also the A. B. degree of Indiana University, one of Wabash, and one of DePauw University—that is, half of them are full term college graduates as well as medical graduates, and that all but one are residents of Indiana, and five are from Indianapolis.

Cum Laude degrees were also granted to Dr. Ernest O. Asher, of Gosport (M. D. Indiana University, 1912) for thesis on a year's work in the obstetrical department of the Indianapolis City Dispensary, and to Dr. Frederick E. Johnson, of Indianapolis (M. D., 1910, Indianapolis) and A. B., Indiana University, 1908, for thesis on vaccinations at the City Dispensary, Indianapolis.

The degree of Bachelor of Arts was granted to 228 students, of whom 13 were from Indianapolis and 46 from Bloomington. There were 174 males and 54 females—about three young men to one young woman—showing that men are largely in excess, as is the general rule in state university schools.

Of this great class five graduated with high distinction: Helen Barbour, of Bloomington, in English; Frances Marie Hankemeier, of Indianapolis, in German; Albert Livingston Rabb, of Indianapolis, in Economics (father a well-known attorney, and mother a brilliant author and editor), and Paul Weatherwax of Worthington, specializing in Botany, Forest Glenn Tucker, of Georgetown, in Physics. We take pleasure in recording the above roll of honor. There were eighteen also who graduated with distinction, and the members of these two groups were cheered as they took their diplomas from their respective deans.

Of Bachelors of Science there were twenty-six, all young men. Two were from Indianapolis, Haynes Jordan Freeland, son of Dr. J. F. Freeland, and Michael John Shiel. Also receiving the Bachelor's degree was a junior medical student, Byron Johnson Peters, of Greentown, Indiana, popular in the medical school, fearless of work, and well received.

Bachelors of Laws numbered twenty-five, no one of them from Indianapolis. There are two independent law schools in Indianapolis, which with the courts as an accessory, renders the city law schools more attractive to the lawyer student as also does the allurement of politics and city life.

So here we have 304 degrees granted in regular courses—Arts, 228; Science, 26; Law, 25; Medicine, 24, which would be over twelve centuries of college work for one persistent and perennial student. We have given these figures some emphasis as they show what the State is accomplishing in cultural studies in a restricted rural community. The State also has a great normal school at Terre Haute, a Technical School at Lafayette—Purdue University. And all these schools maintain summer terms for teachers and for the conditioned students, which in the Indiana University sum up to over seventy, or about one in five who complete their broken courses during the summer months, but retain standing and graduate with their class. This is a great convenience for teachers and others seeking degrees. Indeed, the plan of Chicago University and of the German universities of granting the degree upon the completion of the work, has manifest advantages.

Nor does the state university neglect post-graduate work. At the present commencement some fifty Masters of Art degrees were granted. Ten or twelve of these were given to young women. Many of the A. M. honors went to teachers in high schools and universities. Three of these were granted to Indianapolis women: Miss Ruth R. Maxwell, daughter of Dr. A. Maxwell of Indianapolis; Miss Grace Maxwell Philputt, daughter of the Rev. Philputt of Indianapolis, and Miss Martha May Kincaid, each received the degree for a thesis in French literature, their major work being in the Romance languages.

The culmination of routine university work is to receive the degree of Doctor

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of Philosophy. There were four Ph.D. degrees awarded with due dignity and solemnity: Miss F. B. Brownfield (A.B., DePauw, 1895), Literature; Clarence E. Edmondson (A. B., Indiana, 1906), Philosophy; Thomas E. Mason (A. B., Indiana, 1905), Mathematics; Henry N. Sherwood (A. B., Indiana, 1909; A. M. Harvard, 1910), History. And thus was the circle of Indiana University drawn complete— from the secondary schools to Doctor of Philosophy, or rather, an ascending spiral attempting to reach the very pinnacles of wisdom— all thought and all subjects of all thought.

The chief interest of the medical profession in the state university is naturally in her school of medicine, located in Indianapolis, but with preparatory courses in Bloomington. This is one of the greatest responsibilities the university has ever assumed. A medical school is no joke; it requires great means and great men. A medical school cannot stand at level water, as with liberal arts, law, or theology. It must go with the rising tide of biology, and in touch with the highest reaches of humanity. Medicine is rapidly becoming the function of the state and the state must educate the physician and foot the bills. Flexnor, in his 1910 report on the rank and standing of every medical school in the country, made to the Carnegie foundation, said of the Indiana University school: "That inasmuch as the State Medical Board has made the two-year college standard the legal minimum for practice in Indiana and as the university trustees have committed themselves to this policy, they can do the state no greater service than to make the needs of the medical school in Indianapolis a first lien upon the increasing income of the university, if the university is to make good the ideals indicated by its entrance requirements."

There is money enough. Cincinnati has bonded herself for five millions for hospitals for her citizens. All great hospital centers by custom and necessity become adjuncts to schools of medicine. The editors of this journal have with many others, for over 30 years, been teachers in the schools now combined in the University School of Medicine and in all these years the City Hospital and City Dispensary have been the great arenas of clinical teaching and learning, as they are today. The makers and teachers of these schools were mainly the soldier-surgeons who had but little money to give but who freely and gladly gave themselves. They were the leaders and founders of our boards of health, our local medical society and medical journals, of our medical colleges and they were our first schools for the training of nurses. The present college site and building now used by the Indiana University School of Medicine was their free gift to the State of Indiana. Through their influence and support came the successive church hospitals, the new Long Hospital, the gift of over $200,000 of Mr. Burdsall to the Health Board and Park Board of Indianapolis. There are fortunes awaiting the institutions who will rightly use them for the medical and sanitary uplift of the great state of Indiana. Within the month forty millions have been donated to Washington University in St. Louis, and the end is not yet. For medicine is now spectacular; it is in the limelight, as the greatest educator and redeemer of the human race.

Those interested seriously in medical education and the advancement of medicine as one of the practical sciences would do well to study the analyses of the Council of Medical Education of the American Medical Association. Summed up by the Lancet Clinic of June 6, 1914, we find Indiana is one of the elect. On medical education we have crossed the Rubicon; there is no retreat. Indiana University Medical School is one of the seven pioneers—in the words of the Lancet-Clinic:

"Of the schools of medicine located in the great central continental valley, the only institutions whose graduates have access to the examinations of all of the state boards—anyone of which they

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may elect to take—are the Indiana University School of Medicine, at Indianapolis; Washington University Medical School, at St. Louis; Western Reserve University School of Medicine, at Cleveland; Medical Department of the University of Cincinnati, at Cincinnati, and the University of Pittsburgh, Medical Department, at Pittsburgh. Only when he is a graduate of one of these schools has the young physician of this Central West absolute freedom of choice as to what state he shall live and practice in. This is such a vastly important matter that preceptors and the heads of the colleges of arts and sciences throughout this section of the country should not only know it, but give it the widest publicity among their students—for a false step, the entrance into a low-grade medical school, a school that is not recognized fully by a state board, chains a young man to a constantly narrowing locality and bars him professionally from new fields, no matter how fair and promising they may be."

All we have written goes to show that we have made no false step in medical education in Indiana. We have set our ideals high; they have been accepted in good faith by the State, and by the medical profession. We are in the period of becoming—of storm and stress, a period in which we need wise council and guidance, and mutual helpfulness.

It will be long before we have full time paid professors for our laboratories, and practical, that is, clinical medicine will for many years to come, as it is in every medical school in the country at the present time, be taught by men in practice. There should be no steps taken that will offend the sense and judgment or lose to the school the loyalty and courage of the noble body of men who made the union possible and gave all to the State University School. They are nearing the scriptural limit of time, rather than as with Dante, "midway upon the journey of our life." Most of them may well say with Victor Vaughan in his presidential address at the Atlantic City meeting—"One who is soon to be mustered out of service on account of old age, salutes the younger members of the profession. An old soldier who has served the ranks for nearly forty years, steps from his decimated regiment, lifts his cap and cheers you, as you pass by in your new dress and armed with weapons of greater efficiency than was known when he enlisted. The cause is the liberation of the race from the bonds of superstition and ignorance, and it is a glorious one." But their names as long as they live should remain upon the register where they wrote them.

A. W. B.

THE FUTURE OF SOME OF THOSE TO WHOM THE STATE GIVES AID, NOTABLY THE DEAF AND DISABLED.

It may not generally be known and yet it is a fact that the Long Hospital was in reality in operation before the building was erected. This upon the surface may seem within itself a contradiction. However, these are the facts not generally known. Certain appropriations have been used for a year or more by the University School to care for the poor of the state needing medical and surgical attention. Dean Emerson and the surgeons and physicians of the faculty have given their services free of charge and the compensation has gone to some of the local hospitals. Some of the state institutions have furnished patients who were sorely in need of surgical attention. Many of these have become able-bodied and frequently a life has been saved. With the enlarged opportunities given by the Long Hospital hundreds now a care and expense to the state will no doubt be able to earn a livlihood. It seems fair to presume that the halt and lame when cured possess an independence enabling them to compete with the average man in life's work.

Let us now look in another direction. The state utilizes large items of money in support of institutions for the blind and deaf. It would seem that here is an example of one of the most expensive of educations. An effort is made to furnish a competency to the seemingly unfit

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so far as nature will permit. As the Long Hospital will make it possible for many of the unfit to engage successfully in life's battle, so the education of the blind and the deaf-mutes is only another phase of the subject. It would be interesting to know the history of those who have received an education at the deaf and dumb institution, for instance. What is the value of such an individual compared with other men? Has such a person made a success in life when without the state's help he would have made a failure. By virtue of this education how far has such a person contributed to the betterment of the state? If there are failures has it been the fault of the individual or the people who refuse him opportunity?

The Literary Digest for May 23, quotes quite liberally from an article in the Volta Review by a deaf man, Jerry Albert Pierce, entitled, "The Economic Efficiency of the Deaf." It is said that more money is spent for the education of the deaf than for normal children and then the people think their duty is done. They forget that the deaf man expects to live a few years after he has finished his education. The writer seems to be of the opinion that they are not admitted to the contest in life as equals. It is evident that the people have a duty after the state has done its share, otherwise the expense incurred by the state has in part gone for naught. Pierce says the deaf man has certain advantages over his hearing brother, chief among these is his ability to concentrate, which is a great aid in economic competition. In large offices, in the chemical laboratory, statistical work or any branch of activity where communication is not an absolute necessity, the deaf man is unexcelled. They look upon life more earnestly and the mind matures younger.

To quote again the Digest says: To really understand what a deaf man is one must look at him from a deaf man's viewpoint. To do otherwise is to share in the already biased and illogical opinion held by the average hearing man, who takes the deaf-mute as his subject. That the deaf are better thinkers and more serious minded men and women is true. These characteristics are the result of deafness itself, and not of the artificial handicaps or peculiarities incident to our social life. When a child becomes infected with some disease serious enough to destroy its auditory organs, it is deaf. It is not dumb, and does not become so until its vocal organs are atrophied by disease so that they are too weak to perform their functions. This is caused primarily by the carelessness and ignorance of the people with whom it comes in contact. It is not its fault, but that of its environment. It is the opinion of the writer that the deaf receive actual discouragement at every turn, and, instead of being helped, they are pitied.

Pierce on several occasions applied for positions in his own profession—chemistry—and nearly every time has been refused employment because of his deafness. One time he read the lips of his prospective employer so readily that the latter did not know of his defect. The position was given to him and frantically taken back five minutes later when the writer voluntarily explained that he was unable to hear a sound. He had been accepted as an expert chemist and as a potentially valuable employee and then declined because "no one had ever heard of a deaf chemist. It was not only unusual, but impossible."

The "unusual" occupations are the ones that will in time make an opening in the world for the deaf. They are "unusual" now merely because this class of people is just beginning to rise. There was a time when all occupations were "unusual" for them, and they were, with few exceptions, as much objects of charity as idiots are now. Later on shoemaking, mattress-making, printing, paper-hanging, painting and baking were grudgingly given to them as possible fields of endeavor, and now such trades are considered to be the only legitimate ones. Among the speaking and lip-reading deaf are found a few pioneers who broke the boundary set for deaf-mutes and became architects,

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landscape-gardeners, real estate brokers, druggists, writers, and even superintendents and managers of factories. From all reports, they are doing well. They seem to be more successful than if they had taken heed to the advice of tradition, speaking through its high priests, the educators of the deaf. * * *

The deaf need no list of occupations for them to choose from. With the exception of telephone-operator, there is practically no trade or profession in which they could not make some headway. It depends entirely upon the individual ability of the man, his previous education, and upon whether or not he can speak and read the lips. * * *

More and more young deaf people are doing these things. It is hard for them now, just as it has always been hard for pioneers, but as their numbers increase a better understanding of their ability will be had and things will be better. * *

The deaf do not ask for special privileges, but they do demand an equal chance. The speaking deaf man does not appreciate being classed as a deaf-mute and the deaf-mute does not enjoy being placed in the same category with idiots. He is fairly broad-minded himself, and asks for something other than ignorant prejudice from the normal. A cranky, impatient hearing man once asked a deaf man how he ever managed to live without ears. The deaf man replied with another question, "How do you manage to live with such a mean disposition?" This illustrates a point not generally recognized in this connection: that the absence of one thing gives to the deaf a better opportunity to develop others. It is the law of compensation all over again. S. E. HARP.

DEATH OF DR. F. E. DANIEL, OF TEXAS.

Dr. Ferdinand Eugene Daniel, editor of The Texas Medical Journal, better known as the "Red Back" died at his home in Austin, Texas, May 14. He was known as editor, author, orator, surgeon and statesman. All of his work was done well.

The tribute of Dr. M. B. Grace in the Texas Journal, defines the man and in so doing the eulogy is not overdrawn:

Dr. Daniel was by birth a Virginian, and was educated in Mississippi and Louisiana. In his early manhood he chose Texas for his field of labor. At the breaking out of the Civil War he joined Company K of the Eighteenth Mississippi Regiment. After serving for a time he resumed his medical course in New Orleans, and graduated in 1862.

In July, 1862, he received the appointment of surgeon in the Confederate service with the rank of major, and served until the close of the war. Many positions of honor and usefulness came to him during this service.

Having previously studied and acquired a knowledge of law, he was appointed Judge Advocate for the general court-martial of the army in Tennessee. He was secretary of the army board of medical examiners in General Bragg's army, and later active in the Kentucky campaign, being attached to the staff of General Hardee.

Dr. Daniel was richly endowed by nature. Erect and with a commanding presence, his superb stature towered above the host of his fellows. His was an eye whose keenness and sternness brought terror to the evil-doer, but that melted instantly into tenderness and sympathy for those in misfortune and distress. When to these Mother Nature added a mind whose brilliancy stood out with the brightest in the galaxy of medical stars and whose splendid accomplishments were no less brilliant in many other directions, it made of him indeed a leader of men.

His "Recollections of a Rebel Surgeon," a masterpiece of anecdote, sparkling with wit and repartee, was taken largely from his experiences during this troublous time. Splendid man! gleaning and disseminating the wine of hope, gathering and scattering rays of sunshine while the black and gloomy war clouds hung so heavily over his beloved southland.

As a monument to the scientific side

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of this great nature stands that splendid work, "The Strange Case of Dr. Bruno." The sting of the mud-wasp producing a state of suspended animation on its prey serves as the basis around which is woven a story that rivals the best of the productions of Edgar Allan Poe or Sir Conan Doyle.

As an orator and after-dinner speaker, Dr. Daniel had but few equals. A splendid command of English, the sparkling wit of a Mark Twain, coupled with the soul-touching pathos of Bob Taylor, enabled him to sway his audiences at will. The writer has seen this accomplished speaker lead his audience from laughter to tears by his beautiful word pictures placed before his auditors in simple, easy manner.

In medical journalism Dr. Daniel always stood for the right. He was quick to expose a fraud and in this line his journal was of great service.

He had the characteristics of a true southern gentleman and his highest ideal was always a noble purpose.

S. E. EARP.

WASSERMANN TESTS IN INDIANAPOLIS.

For two years the Kentucky State Board of Health has made Wassermann blood tests for syphilis free on request of physicians in necessary cases. The Indiana State Board has established no Wassermann outfit in part because there are several experts in this work in the State, in part because of the inherent cost and difficulty of the work, and in part because physicians do not understand the test and are not capable of collecting and sending a clear blood serum or cerebro-spinal fluid.

The test is of the highest value in latent cases, in hereditary and family syphilis and as a guide in the treatment —especially the treatment of central nervous syphilis, including early paresis and ataxia.

We are glad to announce that the Bacteriological Department of the Swan-Myers Company, of Indianapolis, are prepared to make the Wassermann test for six dollars, and that Dr. Bernard Erdman who is eminently qualified for this work, is their consulting serologist, and that his findings are as reliable as any that are made. Dr. Henry R. Alburger is director of the Swan-Myers clinical laboratories during all the modern tests. A. W. BRAYTON.

FARADAY AND PENSIONS.

When a pension was voted to Faraday for his remarkable addition to scientific knowledge, from which untold millions of pounds sterling have inured, an ignorant lord was selected to announce the grant, but informed Faraday that he did not think much of this science business, and added: "Now, really, Faraday, it's all a humbug anyway, isn't it?" The insulted chemist refused the pension until other better informed officials apologized humbly for the impertinence of "his lordship."

In an old dictionary—two huge volumes of an early edition of Dr. Johnson's—he defines a pension as "a sum of money paid to a hireling for treason to his country." but he afterward accepted a pension which was worthily bestowed. And now we observe in the London letter Jour. A. M. A. for June 20, page 1,978, that Sir Ronald Ross, K. C. B., F. R. S., the well known prover that malaria is conveyed by mosquitos, has asked of parliament a grant or pension. He says he is fol- and $100,000 more in 1807, for his discovery of vaccination against smallpox. Not that Sir Ronald claims that he needs the pension—"it is not question of charity, but of public honor and indebtedness."

His action is being widely discussed as it opens the doors to all kinds of claims for scientists, literary men and artistic lowing Jenner who got $50,000 in 1802, genius for indebtedness. He suggests a standing fund of not more than $100,000 a year to meet these claims. We hope that he will get it for his seven years' work in hot India, which made the Panama Canal possible and has made the Roman Campagna a safe and productive farming region.

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The poem of praise and thanksgiving he wrote on the Sunday of his great discovery was quoted in the last address he made in public, May, 1913, is worthy of memorizing:

"This day relenting God
Hath placed within my hand
A wondrous thing; and God
Be praised. At his command,

Seeking his secret deed,
With tears and toiling breath,
I find thy cunning seeds,
O, million-murdering death.

I know this little thing
A myriad men will save,
O, Death, where is thy sting,
Thy victory, O Grave!"

Dr. Ross is both poet and naturalist. All great men are poets. The poet is a maker by the very meaning of the word.

We hope the poet Sir Ronald Ross, will be honored during his lifetime by the great kingdom which owes him so much.

A. W. B.

STERILIZATION LAW INVALID.

KEOKUK, Ia., June 24.—The Iowa vasectomy, or sterilization law passed by the last general assembly, was declared unconstitutional, null and void in a decision filed by Judge Smith McPherson, of Red Oak, Ia., United States district judge of the southern district of Iowa, here today. The decision, which was written by Judge McPherson, and affects similar laws in other states, grants the writ of temporary injunction applied for by Rudolph Davis, an inmate of the state penitentiary, enjoining the members of the board of parole, the warden and the penitentiary physician from causing the operation of vasectomy to be performed on the complainant.

Judge Walter I. Smith, United States circuit judge for this, the Eighth district, and Judge John C. Pollock, United States district judge for the district of Kansas, concurred with Judge McPherson. The decision says:

"Our conclusion is that the infliction of this penalty is in violation of the Constitution which provides that cruel and unusual punishment shall not be inflicted."

We have been looking for such a decision as the above for a long time. The Indiana movement was inaugurated in the Indiana Reformatory at Jeffersonville by Dr. H. C. Sharp, and the law was passed by the Indiana legislature legalizing this barbarous surgical procedure. Several other state legislatures followed Indiana. Vasectomy has been practically abandoned in the Indiana Reformatory schools for several years.

Demented women in the productive era are sequestered by law in the institution for feeble-minded in Fort Wayne, as they were not controlled in county infirmaries.

The world still "bunders on through love and hunger" as "philosophy" has not yet overcome the natural instinct for nutrition and reproduction, as Schiller wrote a hundred years ago:

"Some time philosophy no doubt,
A better world will bring about,
But until then, a little longer
We'll blunder on through love and hunger."

Vasectomy might be justified in degenerate sexual criminals, but who is to judge the enormity of crime? The young men in the Reformatory were sent there for expiation and reformation, and not for sexual mutilation. The state had no more right to do vasectomy than to do appendicitis as a preventive measure, and this even if the "criminals" (which many of them were not) had been seduced into acquiescence. The state had as much moral right to remove their tongues for blasphemy, as to destroy their reproductive power by vasectomy. The argument made to these youths that vasectomy would prevent loss of manhood by masturbation, and would not interfere with miscellaneous intercourse was unscientific and the latter teaching was the height of immorality in itself.

A. W. B.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators

AXIOMS AND INFANT FEEDING.

A correspondent (The Lancet, Feb. 14, 1914, p. 498) restates certain axioms, applicable as to questions in infant feeding, "which appear to be logical, philosophical, and physiological" and therefore worthy of practical application.

1. Good milk from clean, healthy cows, milked in a cleanly fashion under all possible cleanly conditions as regards apparatus, storage, place of milking, etc., should always prove a satisfactory substitute for human milk except in a few cases of idiosyncrasy. If kept covered and sufficiently chilled such milk should be usable even in summer. During the winter even less cleanly milk rarely proves harmful.

2. In the summer, or rather in warm weather, milk rapidly deteriorates according to the degree of departure from a clean standard. Even good milk exposed to external contamination by dust and (in incomparably greater proportion) by flies, rapidly becomes dangerous in warm weather. The remedy obviously lies in proper cooling, keeping cool, and carefully protecting from flies and dust.

3. Where there is doubt as to the health of the cows or as to the cleanliness of the milk, boiling or pasteurization of the milk is a safeguard, provided the milk is used the same day. If it has to do duty for several hours special attention must be given to the storage of boiled or pasteurized milk to ensure against contamination by flies, organic emanations (such as are found in living rooms), and dust. Boiled or pasteurized milk is more likely to putrefy than unboiled milk (unless such precautions are taken) because the latic acid bacilli have been destroyed. These are probably amongst the chief of the vital principles which belong to unboiled milk, and not only act as a police force in keeping down vagrant bacilli, but by clotting and souring milk if it is not kept cool they give a readily detectable warning that all is not right with the milk.

4. I still advocate what was outlined in a paper on the "Waste of Infant Life" in 1905, viz: the use of dried sterilized milk during the hot or "fly" months, and of ordinary milk during the remainder of the year (preferably pasteurized under prevailing conditions.)

5. In the rearing of infants breast milk (human is so superior to that of another species of animals, and a fortiori to any so-called substitute for milk, that, where possible, no effort should be spared to secure that natural nutriment before resorting to substitutes. W. W. V.

TREATMENT OF ERYSIPELAS IN CHILDREN.

In children erysipelas has a high mortality. We must combat the toxemia, make the patient comfortable, regulate the temperature and adopt a diet that will favor nutrition and assimilation.

In the newborn 95 per cent. die, those under one year 50 per cent. die. Grinnin, in Pediatrics for March, favors vaccine therapy, and further says:

"I like to keep the room at about 60 degrees F., protecting the child from cold by hot water bottles, but allowing the free circulation of air unless the temperature goes below the point named. We are convinced that every case will do better under liberal use of whiskey. We give 15 drops every two hours to a child under 2 years, and increase it if indicated. It is the best of all stimulants in this disease in young children. Iron is practically certain to do more harm than good. We use the cool pack if the temperature exceeds 104 degrees F. We use 33 1-3 per cent. ichthyol in lanolin as a dressing, though we have also used the Epsom salt solution (see Medical Wo[illegible]

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May, 1913, page 205) in a few cases where the ichthyol did not seem satisfactory. We do not use solutions if much of the head or any great portion of the trunk is involved. We reduce the strength of the milk or whatever nourishment is being used, but we are careful to maintain the quality. We dilute with egg-water, barley water, or granum water. Fractional doses of calomel are practically always used. We long ago satisfied ourselves that echinacea was the best drug with which to combat the toxemia."

S. E. E.

SPONTANEOUS RUPTURE OF THE SPLEEN IN TYPHOID FEVER, WITH A REPORT OF A CASE CURED BY OPERATION. (SPLENECTOMY.)

[L. A. Connor and W. A. Downes, New York. American Journal of Medical Science.]

The patient, aged 36 years, was admitted to the hospital with what appeared to be a mild typhoid; the only unusual clinical feature was an unusually large spleen, which reached 4 cm. below the costal border. About the ninth day the patient complained of severe pain in the splenic region; this continued for a few days and then gradually subsided. The pain was not attended by any grave clinical phenomena. On the 12th day, following an attack of coughing, the patient was suddenly seized with severe pain in the left hypochondrium and shoulder; the patient's condition became worse, the pulse was rapid and small, the upper left quadrant of the stomach was rigid and tender and there was dulness in the left flank. A diagnosis of rupture of the spleen was made and about five hours after the onset of the symptoms the spleen was removed. A tear in the capsule about three inches in length was found and the abdomen contained about a quart or two of blood. The patient did well and was discharged from the hospital five weeks after operation. An interesting feature of the case is the finding of a laminated clot on the surface of the spleen indicating that a rupture had taken place during the first attack of pain from which the patient had apparently recovered. The subsequent rupture was in all probability due to the attack of coughing. The report concludes with a study of all the previously reported cases of rupture of the spleen during typhoid fever.—American Journal of Surgery for May.

EVIDENCE OF THE SPHYGMOMANOMETER.

Rice (New York State Journal of Medicine, for April) in speaking of the management of a high blood-pressure concludes as follows:

The systematic use of the sphygmomanometer has shown us that:

1st. The treatment of a large percentage of all cases after forty years, from any cause, must include the treatment of arteriosclerosis.

2nd. The sphygmomanometer has also shown us the futility of depending alone upon the arterial depressors.

3rd. That a certain percentage of cases in order to carry on their metabolism, even imperfectly, must maintain a relatively high tension, and it may be our greatest duty to aid them in sustaining this.

4th. That (in the writer's opinion) the treatment of arteriosclerosis is the treatment of chronic interstitial nephritis.

SELF-MUTILATION—A CASE.

An unusual case of self-mutilation is reported (The Lancet, April 18, 1914, p. 1149) wherein an elderly Brahmin of the Twiwari tribe came to the Basti District Hospital, United Provinces, India, tears running down his cheeks, carrying something in a clean rag in his hand. Asked what was the matter, he replied in broken-hearted tones that his son, who was 19 years of age, and whom he wished to be married, had spoiled himself. Said he: "Look what he has done!" Opening the rag a full sized penis was displayed, having a large piece of the scrotal skin attached to it. The organ was hard and firm to the touch and had been cut off close to the body. The father said his son, a lanky youth,

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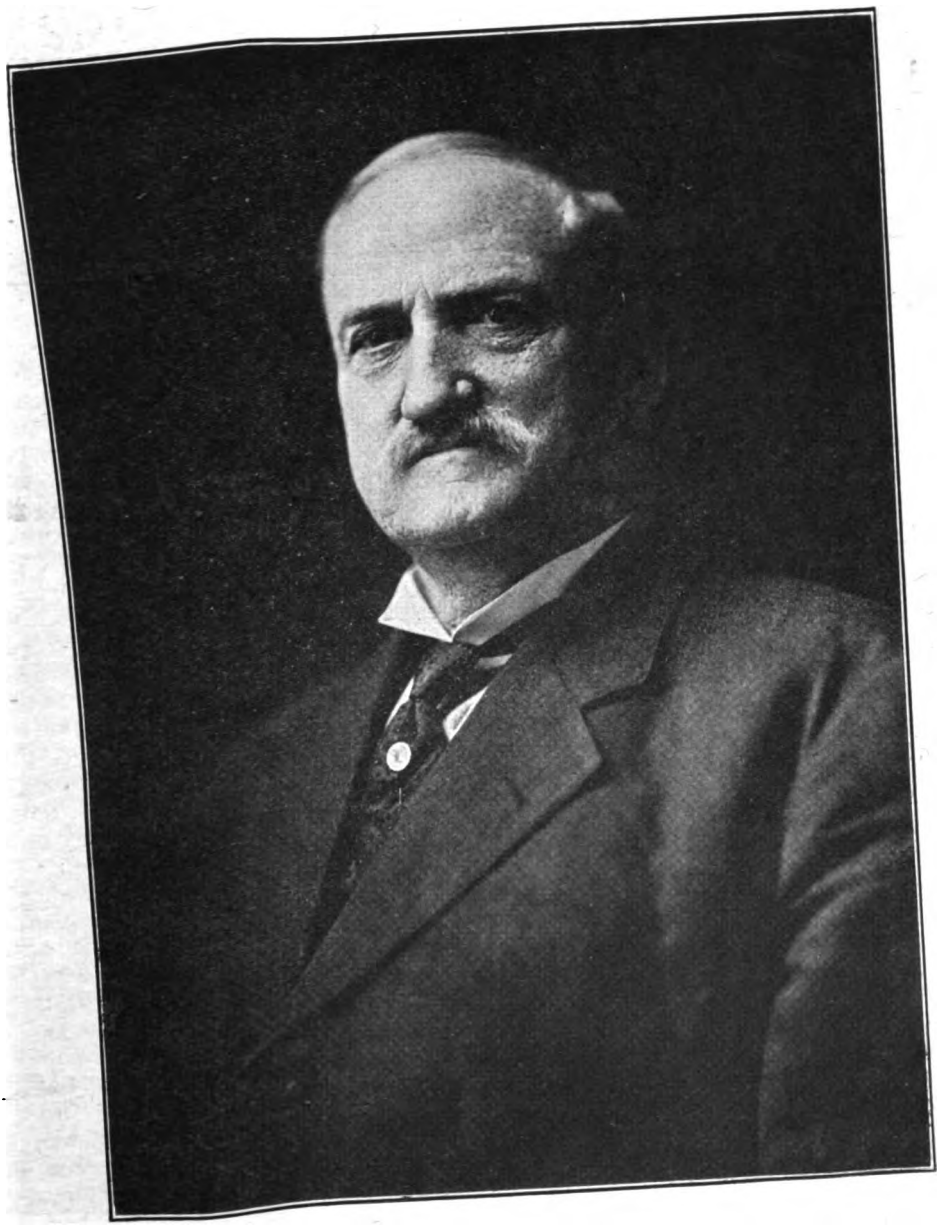

DR. ROBT. W. LONG

Who presented the Long Hospital to the State of Indiana.

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very pale and ghastly looking, was outside under a tree. Like all Indian fathers this one was anxious to have his son married to carry on the race; he had been urging his son for some months past to comply with his wishes. At last in desperation the young man had taken a knife and cut off his penis. He did not wish to enter the hospital as a patient or have any treatment; he wished to become a sadhu, or holy man, and to lead the simple life. The wound was full of clotted blood, but there was no longer any bleeding. He left the hospital almost immediately and did not return to it.—W. W. V.

ABDERHALDEN'S TEST FOR MALIGNANT TUMORS.

It seems strange that more work is not being done in this country which would lead to definite conclusions as to the value of this test. American observers have carried on extensive investigations in the serodiagnosis of pregnancy, but the field of cancer diagnosis, one of vastly greater importance, has been comparatively neglected. In other countries, on the contrary, series of tests are constantly being reported, and while the reaction seems to be accurate in nearly all instances, there are occasional failures. These are of such a nature as to justify the belief that some modifications in technique may be elaborated after further experimentation by which these occasional sources of error will be eliminated.

Brockman (Lancet, November 15, 1913), from his experiments (twenty-five carcinomatous cases, all positive; twenty noncarcinomatous, all negative reactions) and consideration of the literature, believes that there has already been collected sufficient evidence to show that the serum of cancerous patients contains a specific substance not found in the blood of those not affected, and that it has proteolytic action limited to cancerous tissue. He also finds that stale serum becomes inactive, but regains its action upon the addition of a small amount of fresh human serum; and that the better the patient's general state of health the more rapid and intense is the reaction. This latter statement is of especial interest because of its showing the possibility of very early diagnosis in cases of suspected malignancy—diagnosis at the time when surgery offers the greatest hope of the complete eradication of a cancerous focus. This point was shown very forcibly by one of the cases reported by Wolter (Russki Vrach, 1913, No. 32, abstracted in Zentralblatt f. Chir. No. 50), where the patient gave a positive cancer reaction, died from some other affection, and at autopsy there was found a new growth only 1 x 1½ cm. in size in the esophagus. The total number of cases examined by him was thirty-two, of which seventeen were cancer, all giving a positive reaction. Fourteen of the fifteen noncancerous patients gave a normal reaction. Erpicum (contribution a le'etude du sero-diagnostic du cancer) applied the Abderhalden test in forty-two patients with tumors the histological structure of which was determined after operation. All malignant gave positive, and all benign gave negative reactions. Von Gambaroff (Munchener medizinische Wochenschrift, 1913, No. 30) reports that in fifty cases of malignant tumors the reaction was positive in forty-nine, the single error in diagnosis appearing in a case of lues. He also found that the serum of those having carcinoma reacts only with carcinomatous material; the serum of those afflicted with sarcoma never with carcinomatous but always with sarcomatous material. He thus confirms Brockman's observations regarding the selective action of the serum.—Editorial in the Medical Record of June 10, 1914.

HYDROTHERAPY IN TYPHOID.

During the course of an article on typhoid fever in the April issue of the New York State Journal of Medicine, Gleason says:

"It is evident from published reports of typhoid treatment that the use of cold water as laid down by Brand is losing favor. Whether our typhoids are not as

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severe through modern methods of treatment, or the typhoid state rarer than twenty years ago, is a question, but it is positive that the cold sponge, wet pack, and ice water enema are much more in evidence than the tub plan of Brand. We appreciate that persistent high temperature must be combatted, and after eliminating any unusual cause, cold water is our best aid, applying it judiciously and holding in mind the principles of governing the temperature curve. Outside of the lines of treatment laid down, the general management of typhoid fever is largely expectant. It is for us to meet emergencies as they arise, using little medicine, but maximum doses of common sense."

THE TUNING-FORK IN PROFESSIONAL WORK.

A correspondent (The Lancet Feb. 14, 1914, p. 500) draws attention to the tuning-fork as a means of diagnosing enlarged organs, or effusions into the pleura, and the like. He says: "A tuning-fork is of great asistance in examining the chest, but it is especially advantageous in marking out lung cavities or dilated tubes. Even in these conditions certain physical factors, such as the presence of much fluid or of pus, will lessen the diagnostic aid of the fork. But when a cavity is dry the reverberation of the dominant note is distinctly increased over the cavity, and is diminished as the instrument is carried away from the lesion. Again, in men with hard, almost solid, ribs the sounds are better conducted, as one would expect, than in children and young people with more elastic ribs, which are not such good conductors. Different cavities have different dominant notes, and therefore respond varyingly to a fork in G or in C or other note. This I believe is in accordance with the experience of speakers, clergymen and others, who have to address audiences in large halls, churches, or cathedrals. If the voice is pitched to the dominant note of the building the speaker is heard at the periphery, but if he speaks on an unsympathic note he will only be heard with distinctness at a short distance, even though he should shout."

W. W. V.

THEORIES CONCERNING THE THYROID.

Grumme considers Graves' disease, myxedema, cretinism, foiter, hyper- and hypo-thyroidism. From his speculations he seeks to draw some practical conclusions, such as: Cretinism, myxedema and endemic goiter are all benefited by organic (thyroid) iodine. In the endemic goiter of mountainous countries, which is to be regarded as an incomplete cretinism, inorganic iodine acts more intensively than organic iodine, causing improvement, i. e., reduction in size of the goiter. In Graves' disease all iodine is harmful, even foods which are rich in iodine (marine fish). Apparently simple goiter of the plain and lowlands, since it often represents a step toward Graves' disease, is also aggravated by iodine. Naturally, cases arise of simple goiter in which the crucial factor of altitude is in abeyance—for example, after a migration from low to high lands. In such cases to give iodine would be a blunder. The history, therefore, must be investigated in cases of plain goiter, and with added reference to previous treatment. Several blood tests are also available to distinguish an incipient goiter from incipient Graves' disease. These concern both the blood count and coagulability (Kocher, Kottmann). Other differential tests are found in special works.—Berliner klinische Wochenschrift.

PROGRESS IN SOME DISEASES.

New conceptions of some old diseases are of great interest and import. Our attitude toward pneumonia has changed most radically in a few years. Now we direct our efforts toward the intestinal tract, recognizing that it is from that source that disaster is perhaps most apt to come. We restrict or eliminate putrefactive food elements. Some men are washing out the colon, though we confess that this seems to us a formidable procedure in pneumonia. The alleged util-

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ity of guaiacol carbonate in this disease would seem to depend upon its inhibitory effect upon the growth of the pneumococci in the feces. Experiments are being made in various quarters looking to the inhibition of pneumococcus growth in feces by various agents, with a view to the discovery of the most active. During pneumonia the pneumococcus predominates among the intestinal flora. In a number of series of cases the carrying out of the foregoing principles has given astonishingly low mortalities.

And so with other diseases; pernicious anemia, for example, which bids fair to be classed among the germ affections. Many conditions that used to be called rheumatism are now clearly differentiated. It will not be long before our ideas will be crystallized on the subject of eclampsia, confusing though they are just at present.

Many of the older conceptions are being "knocked into cocked hats." The case of rheumatism is especially interesting. We are familiar with the parts played by the gonococcus and the streptococcus, and Poncet and Stock have shown that tuberculosis is at the bottom of some of the so-called rheumatisms, tuberculin tests causing characteristic reactions in the affected joints.—New York Medical Times for June.

SYMMETRICAL CONGENITAL KERATOSIS OF THE PALMS AND SOLES.

Dr. Walter K. Schlosser, of St. Joe, Indiana, described, on May 28, 1914, to the writer a series of cases of congenital and hereditary keratosis of the palms and soles, and June 4th a photograph of the palms of one of the cases, Mr. Collins, of St. Joe, a farmer of 24 years in good health. Of Mr. Collins' seven brothers and sisters, four brothers and one sister are affected. His father and several of his brothers were affected. His father's mother and his great-grandmother were affected also—three generations.

In these cases the thickening and scaling do not begin until the 6th year. The cases will be reported to the clinical meeting of the Fort Wayne Medical Society at an early date. When the plates get thick and cracked there is a bad odor emitted. The writer has advised salicylic acid plasters, 10 per cent. There is abundant literature of this disorder in Stelwagon. The writer has described a family of four generations with this as Darier's disease some fifteen years ago. He is glad to find the students of his college clinic are making good diagnosis of rare skin diseases. A. W. B.

HOSPITAL NURSING FROM THE BUSINESS STANDPOINT.

The business world has discovered that to get the most for the money the working man must not be worked over a certain number of hours a day. It has learned that the human mechanism differs from ordinary machines in that the quantity and quality of its work are greatly impaired by fatigue and long hours. By actual measurement, it has been found that more money can be made on short than on long shifts. Not always abundantly fed and comfortably housed, the nurse must work from ten to thirteen hours a day, with none too much time for meals, and that at work which is not only fatiguing, since she must be on her feet all day, but which is also wearing on the nerves. At night she is often in charge of twenty or more patients for ten or eleven hours at a stretch. She usually survives the "training," but does she afford the best results to the hospital? Her schooling is a trying ordeal, and this seems to have leaked out, since many hospitals are having difficulty in finding suitable material for their schools of nursing, and if the probationer had always a taste of what she was entering, we fancy there would be still less material. How the nurse ever gets anything out of her theoretical course is a mystery, for she is so fatigued that she finds it almost impossible to pay attention, or even to keep awake, in the lecture room or over her books. We believe that an eight-hour day would tend to give the maximum of excellence in work to the hos-

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pital, and at the same time afford a maximum of benefit for the nurse herself. The Public Health Service works its women nurses on eight-hour shifts, although they have already had their special training, and it must do so with the expectation of getting the most out of them. We look for other hospitals to follow the example already set by a few. —New York Medical Journal.

NOT FAVORABLE TO THE ABDERHALDEN FERMENT REACTION IN CARCINOMA.

[Ueber die Abderhaldensche Fermentreaktion bei Karcinom.) G. M. Fasiani, Turin. Wiener Klinische Wochenschrift. March 12, 1914.]

Fasiani tested 64 serums. The reaction was positive in 95 per cent. of the cancer patients and in 65 per cent of cancer-free patients. In four cases of sarcoma the reaction was negative. In view of these findings, the author concludes that the reaction is of little value. —American Journal of Surgery for May.

TREATMENT FOR ACUTE TONSILITIS.

The simplest form of acute tonsilitis due to infection or a cold is easily subdued in the following manner: Spray the throat, while the tongue is depressed and the breath held for a moment, with the Dobell-Pynchon antiseptic solution:

R Pulveris sodii boratis (C. P.),
Pulveris sodii bicarbonatis (C. P.), āā gr. xxx (2 Gm.).
Thymolis, 3ij (8 Gm.).
Glycerini, 3vj (24 c.c.).
Aquae, q. s. ad Oj (500 c.c.).
M.

Then apply a 3 per cent. solution of silver nitrate by means of a curved cotton holder. Follow with a spray of a 3 per cent. solution of camphor-menthol. The cotton carrier is best made of aluminum, with a rather attenuated point so as to penetrate the crypts. The rest of the carrier should be firm enough to prevent bending as it is pressed into the depressions. In spraying the tonsils, with an atomizer having a curved tip directed toward the crypts, sufficient air pressure (about 15 pounds) should be employed to drive the spray well into the lacunae so as to evacuate all retained secretions or concretions. The patient should not be directed to sound the syllable, ah, while the throat is sprayed. The expired column of air would tend to eject the spray from the patient's throat and into the physician's face and over his clothing.

In rheumatic tonsilitis the detergent solutions used in simple tonsilitis are also applicable. After these, guaiacol renders excellent service. The pure drug, applied to the tonsil on a cotton carrier, may prove painful; in this event it should be diluted with an equal part of glycerin. Constitutional treatment should be instituted at once with such remedies as sodium salicylate, phenyl salicylate, and antipyrin. The latter remedy is useful in doses of 5 to 10 grains every three or four hours, particularly in relieving pain. The other two, in 10-grain doses, have proven efficacious in preventing the formation of abscesses.

In ulcerative tonsilitis, after thoroughly washing the surfaces and crypts of the organ, a 10 per cent. solution of silver nitrate should be applied over the ulcerated surfaces and carried down into the crypts as well. Following this, thymol iodide should be dusted with the powder blower over the gland and thrown into the diseased lacunae. Ulcerative tonsilitis occasionally follows cauterization of the turbinated bodies. For this reason, the nasal cavities should be examined for diseased foci, and treated if any are found.

Where the tonsils are the seat of recurring inflammation, but the patient objects to operative removal, they can be rendered innocuous by means of an electric cautery employed as follows: Selecting 3 or 4 crypts at a time, a 10 per cent. solution of cocaine is applied to the interior of each by means of a fine-pointed cotton applicator, great pains being taken to prevent any of the solution from escaping to other parts of the throat. After the crypts are sufficiently anesthetized, a

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curved electrode is introduced into each crypt and a sufficient current turned on to produce a white heat berfore the electrode is applied. In this manner each crypt is thoroughly cauterized, and the patients so treated have enjoyed freedom from subsequent attacks. S. S. Bishop Medical Times, February, 1914).—Monthly Cyp. of Medicine.

HEAT STROKE AND FRENZIED THERAPEUTICS.

There is some foundation, of course, for the common belief that serious disorders require heroic remedies. There is, however, always a limit to human endurance, and no matter how great the emergency which requires prompt and decisive treatment we should always place gentleness first and foremost among our guiding principles. Who has not seen a poor sufferer half dead from some sudden injury handled with a roughness that threatened the remaining spark of vitality which some well meaning blunderer was trying to restore?

Gentleness first. It is a rule that you will never regret following even though sometimes your treatment may seem lacking in speed and strength. Even though you must act quickly, your act must be preceded by thought. Be sure you are right, then go ahead, even if you have to go ahead the very next moment.

Gentleness first. The victim of a harrowing accident may also be a sufferer from some chronic disorder and your rough and ready "first aid" may really add the finishing insult to his poor body. Bad enough to have a weak heart plus the shock of some sudden catastrophe, without having added to it the extra hazard of "emergency care" by some athletic hero who holds the record for punching the breath out of all contestants.

Heat stroke, now unfortunately coming into season, is an example of a fearful accident that requires prompt but considerate handling. There is no doubt that many a poor sufferer from this accident has met his death as a direct result of the treatment generously administered by his frenzied friends. Dr. Simon Baruch is authority for the statement that "plunging an individual suffering from heat stroke into an ice bath will often prove fatal if the heart is weak, while a bath at faucet temperature will frequently result in saving life."

When you meet your next emergency case do not spare any pains to give the sufferer a fair chance; but before you "go the limit" in your ministrations use milder measures and take a moment to consider what sort of a person you have as a patient and what degree of "treatment" he is likely to endure.—From Nursing Department of Dietetic and Hygienic Gazette.

FOULEST PRISON OF CIVILIZATION IS EMPTIED.

The prisons used during our Civil war were the subject of horrible tales. Some of our surgeons who were prisoners might write this journal an interesting description. Did they compare favorably with what is said concerning Vera Cruz? The following is the pith of a recent report:

The fortress of San Juan De Ula, noted for centuries as perhaps the foulest prison on the American continent, has been ordered by Rear Admiral Fletcher to be vacated immediately.

The inspection by the American authorities verified the tales that had been written and told for generations of the terrible conditions prevailing there. Many dungeons were below the water line when the tide was running in. The inmates, many of whom were half blind on account of their long incarceration in semi-darkness, often were drenched. Other dungeons were so constructed that it was impossible for the victims to lie down. Ancient devices of torture were discovered and there was evidence that these recently had been in use.

The appearance of the prisoners was pitiable. Emaciated creatures stumbled forward to thank the inspecting officers for their delivery. Long beards in many cases were matted over dirty countenances on which once the fashionable

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element of the Federal capital had looked, for many of those imprisoned were once prominent in society, in politics and in the army.

Each succeeding administration perpetuated the use of this ancient fortress as a prison—a use to which it was put by the Spaniards. The late Francisco I. Madero inspected the prison just prior to his taking charge of the government. He was horrified by what he saw and declared with much solemnity that his first official act would be the removal of the prisoners and the conversion of the fortress into an arsenal. He did go so far as partially to prepare military prisons at a point a short distance from Vera Cruz, to which he talked of removing the prisoners, but his promise to clean out the prison was one of his promises which he neglected or found impossible to keep.

FISTULA OF THE ANUS.

Frey states that since 1896 operative treatment has been given at Krecke's clinic in seventy-two cases of fistula ani. A tuberculous origin was evident in only a very few. Recent re-examination of fifty-six of the patients showed complete incontinence in three cases and partial in ten. These cases teach that the external sphincter should never be completely divided. If this seems indispensable, he advises stopping the radical operation and letting the fistula heal from above downward. It does not affect the continence to divide merely the lower fibers of the external sphincter. He emphasizes the necessity for preventing the development of a fistula when operating on an abscess. In nearly all the cases the fistula dated from an abscess near the rectum, a boil or an abscess which had opened spontaneously or been evacuated by a physician. The patients had long suffered from hemorrhoids or constipation. Frey adds that when only a small incision is made for a large abscess near the rectum, a big cavity is left and a fistula is almost certain to develop. To prevent this, he advises to incise the abscess wall through into the rectum; this, he says, will prevent development of a fistula.—Munchener Medizinische Wochenschrift, from Journal of the American Medical Association.

THERAPEUTIC NOTES FROM THE MEDICAL COUNCIL.

Try 10 per cent. ointment scarlet red in tuberculous laryngitis.

Ten-drop doses oil of cinnamon, on sugar cubes, is useful in summer colds.

Don't forget dilute phosphoric acid as a valuable tonic in the summer season.

Exclude sugar from the diet in cases of mucous colitis, and remember that alkalies dissolve mucus.

The citrate of iron and ammonia, with Fowler's solution, has given us excellent results in the treatment of malarial cachexia.

Capsicum is the best adjuvant to much of our gastroenteric medication; it promotes normal secretions and favors the absorption of the remedies.

Don't vaccinate during the heated season. Perhaps, also, it may be just as well to go a little slow then with the cutaneous diagnostic reactions and the bacterins.

Down South they appreciate gelsemium in the treatment of summer fevers; it is safer than aconite and has an excellent influence upon the nervous symptoms. Gelsemium is a splendid hot-weather drug.

Grape fruit, oranges and lemons are seldom classed as medicines; but in the summer they are often of more real value than are potent drugs. Get the habit yourself, Doctor, and you will find peculiar virtues in these acid fruits.

A. Robin recommends in gastric vertigo the following: Magnesium hydroxide, 0.3 gm.; prepared chalk and sodium bicarbonate, of each 0.2 gm.; powdered nux vomica, 0.03 gm.; powdered belladonna root, 0.02 gm. This powder to be taken after each meal and at bedtime.

Emmerich claims that the lime salts greatly aid digestion. For this purpose he gives 1 dram of calcium chloride with each meal. Animal experiments show that very large doses are well tol-

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erated. This salt is also an excellent tonic in various neurasthenic conditions.

Liesching reports good results in the treatment of ingrowing toenails from dusting the affected part with a little powdered lead nitrate, after careful cleansing. A white scab forms, which is removed on the following day to prevent the formation of pus; then the dusting is repeated as necessary.

Seborrhea is common during hot weather. Routine use of weak solutions of resorcin will prevent many cases.

Intensive arsenic administration, or the salvarsan treatment, in the therapy of syphilis suggests the thought that, with a proper salt for intravenous administration, brilliant results might be attained and possibly more safely than with arsenic.

Certainly the old oriental practice of mercurial vapor treatment was crude and effective, although somewhat dangerous; but it persists to this day.

There might be something to learn from the Syrian method of one week's exposure to mercurial vapor in a closed room. Perhaps, if we pushed mercury, a shorter period of administration might be required and less depressing results, after all, be noted.

QUINTUPLE DELIVERANCE.

I am in receipt of a marked copy of Le Petit Parisien, of May 23, 1914, in which is reported the deliverance of Madame Salemi, of Palermo, Sicily, on the 13th of May last, of five living male children. The newspaper report bears photographs of the five little boys, and continues (translation by Mrs. A. A. Wells, of Lafayette) as follows: "The extraordinary fecundity of Madame Rosa Salemi interests, not only the medical profession, but the world in general. Madame Salemi is a woman who gave birth to five boys during a clinic of obstetricians lately. The children, all being well constituted, are exceedingly healthy; they scream and howl and are as ravenous as little chickens. To nourish them sufficiently the mother has found it neessary to call to her aid the services of two wet nurses. The father, who was present at the quintuple delivery, comes in for his share of congratulations. Indeed, when one gives to his country, at one stroke, five little prospective citizens, he is entitled to some consideration, as well as to some encouragement officially."—W. W. V.

GENERAL PATHOLOGY OF SYPHILIS.

Henry H. Morton, M.D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital.

(Read before the Brooklyn Pathological Society.)

The importance of the study of syphilis, ranks equal at the present day with that of any other disease, which is as widespread and which causes the same amount of suffering and destruction of human life.

It seems almost incredible, that even after the art of medicine had outgrown its swaddling clothes and nursing bottle, that the practitioners of three centuries ago, refused to study or treat syphilis, but relegated its unfortunate victims to the tender mercies of the charlatans and "quack-salbers."

At the beginning of the sixteenth century, from certain easily traceable causes, syphilis became very active, and as its nature was not understood, it ravaged the whole of Europe as a terrible scourge.

It was not until the following centuries, when the brightest medical minds of the day, took the trouble to make careful studies, which were conducted upon scientific methods; that the profession began to find itself in a position to handle syphilis rationally.

Today the causative factor in syphilis is supposed to be a micro-organism belonging to the class of Schistomyceten, although the proof tests insisted upon by bacteriologists, of isolation of the growth, culture and inoculation of the cultures to cause again the parent disease, have not yet verified it absolutely.

Years ago Jonathan Hutchinson, of London, called attention to the analogy existing between syphilis and the eruptive

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fevers, smallpox, measles, and scarlatina.

In all of these diseases the virus is introduced into the body and increases in quantity, till the organism is saturated with the poison, which is shown by constitutional symptoms.

These diseases all run a definite and self-limited course and are followed by a condition of immunity.

In syphilis we have a similar train of events. After inoculation there is a period of pulmonary incubation, until the chancre appears, and then follows another period, during which the poison increases in quantity and makes its way through the lymphatic glands and thoracic ducts into the general circulation.

The saturation of the blood is announced by secondary symptoms; eruption, alopecia and mucous patches. After a term of from four to six weeks these manifestations disappear and a period of latency occurs.

From this time the disease runs a definite and regular course consisting of outbreaks followed by periods of latency until the tertiary period is reached, when the manifestations occur irregularly or not at all.

An explanation as to why periods of latency occur is not entirely clear. There are two theories to account for the fact:

1. Antitoxins formed in the body in consequence of the growth and activity of the bacteria, are thought by some to neutralize the virus.

2. The poison for the time being is supposed to be eliminated from the blood, but when the virus, which is stored up in the lymphatic glands and other organs, increases in quantity up to a certain point, it is discharged into the blood and again causes a saturation with its attending phenomena and a relapse takes place.

While the skin lesions in syphilis resemble every known form of dermatological manifestation, the pathological change in the tissues is of the simplest, but we find it to be the case in all diseases of the skin, that the most different pictures are formed by slight variations in the arrangement of the cellular elements.

In syphilis the pathological change consists of two conditions:

A. An infiltration of the tissues with small round cells, which begins in and around the arterioles; and—

B. An endo- and peri-arteritis.

This holds true of all the lesions in syphilis and it makes no difference whether we are examining the primary sore, a gumma or a papule in the secondary period; the two elements are always present and only vary in degree.

Let us take, for example, a section from a chancre and note the changes:

We observe the round-celled infiltration and a peri-arteritis, and in consequence of the interference with the blood supply, a coagulation necrosis of the central parts of the papule.

Compare this picture with the papule and we find the changes identical.

When we come to consider the characteristic lesion of the tertiary stage, viz., the gumma, we have again similar alterations in the tissues but greater in degree and we see especially marked the prominent role which is played by the arterial changes.

In early syphilis the arterioles are the starting point for the inflammation and its accompanying cellular infiltration, but they are affected in much less degree than in the tertiary stages. While in the primary and secondary periods the outer coat or adventitia of the artery is attacked in the tertiary period, the inner coat is involved with an infiltration of small round cells, occurring between the intima and endothelial lining of the artery, and which subsequently becomes organized into connective tissue.

The newly formed connective tissue contracts and causes a narrowing of the caliber of the vessel.

Sometimes the infiltration is so great, as to lead to a total closing of the lumen of the vessel, which is transformed into a solid string of connective tissue—the so-called endarteritis obliterans.

On the other hand, instead of the ves-

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sel becoming occulated, if the process is very circumscribed, its walls become stretched and dilated, forming small miliary aneurisms.

A study of the arterial changes forms a necessary introduction to the investigation of the gumma, for they are always preceded by and dependent upon arteritis.

The gumma has been included by Virchow in the pathological group described by him as the infectious granulomata.

Gummata occur especially in the skin, periosteum, meninges, spinal cord and brain, and of the viscera, the liver, spleen and testicle are most liable to be affected.

The gumma consists of a circumscribed mass of new tissue varying in size from a pin's head to a hen's egg, and under the microscope it is found to be composed of a hyaline matrix imbeded in which are small round cells and occasionally giant cells.

Small gummata may disappear by absorption, but in the larger growth the nutrition is cut off by the pressure of the hyperplastic tissue, upon the blood vessels and the accompanying endarteritis and its center undergoes coagulation necrosis.

I have endeavored in a very brief and imperfect way to call attention to the general pathological conditions in syphilis.

The widespread character of the disease and the universality with which different organs of the body are attacked, without any exemption, is well shown by some remarks made in a recent address by Prof. Osler of Johns Hopkins University. He said:

"I often tell my studens that syphilis is the only disease which they require to know thoroughly.

"Know syphilis in all its manifestations and relations and what remains to be learned will not stretch the pia mater of a megalocephalic senior student."

40 Schermerhorn Street, Brooklyn, N. Y.

The Journal presents this because it is a masterly review of the pathology of a disease which is the fourth in its deadliness, and also because of our esteem and respect for the learned and practical teacher, author and practitioner who wrote it. We can never know enough of the diagnosis and pathology of syphilis.—A. W. B.

ETIOLOGY OF THE INFECTIOUS DISEASES.

Within the past few years our knowledge of the etiology of the infectious diseases has greatly increased. In an address delivered before the Richmond Academy of Medicine and Surgery on February 10, 1914, and published in Public Health Reports, April 3, 1914, Dr. John Anderson, Director of the Hygienic Laboratory, dwelt on the recent additions to our knowledge of the etiology of the infectious diseases. He pointed out that while very recent years have witnessed remarkable advances in our knowledge of many of the phenomena of disease, in our understanding of its true nature, there was a period not long ago in which little was done to forward our knowledge of some important infectious diseases endemic almost throughout the civilized world, and research workers realized that new methods or agencies must be employed. It has been due to the recognition and application of certain methods and agencies of research that our present understanding has been obtained.

Furthermore, pari passu with the advance of knowledge in this direction has come the discovery that some diseases formerly thought not to be communicable really belong to the infectious class. Poliomyelitis is the most outstanding example. The use of the monkeys as an experimental animal, according to Anderson, has contributed more than any other single factor to the important recent additions to our knowledge of the acute infections. Another important advance, to which attention was drawn by the speaker, was in the adoption of methods of experiment by which the infective material was introduced into the body so

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that it was brought into immediate contact with the organs or tissues primarily and most seriously affected in the natural disease, as in experimental meningitis and poliomyelitis, where the infective material is put directly into the cranial or spinal cavity.

The progress of knowledge regarding the infectious diseases in a comparatively short space of time has been wonderful, and has paved the way to the prevention and treatment of these maladies. In the field of medical research, American investigators have played a prominent part, and probably no living student of medical research has done more to clear up obscure points in the origin of diseases than Theobald Smith.—Medical Record, July 4, 1914.

A NEW REACTION IN THE CEREBROSPINAL FLUID.

If one cubic centimeter of cerebrospinal fluid is placed in a small test glass, and an equal amount of a 1-1,000 potassium permanganate solution is superadded while the glass is held at an angle, a negative behavior shows that the fluid is normal, the glass having previously been shifted to the perpendicular. If the fluid is not normal a yellow color zone will appear at the junction of the two liquids, and if the glass is now shaken the entire bulk of the fluid becomes bright yellow, the rose-violet color of the permanganate solution vanishing. But if the fluid is normal shaking causes it to assume the rose-violet hue of the reagent. The more decided the reaction in a pathological fluid, the more promptly it appears. Thus far nothing is known of the rationale or significance of a positive reaction.

We are indebted for this innovation to Piero Boveri, who is connected with the neuropathological division of the Ospedale Maggiore of Milan. He has submitted 40 patients with nervous affections to the test and has established a scale between the highly positive and negative extremes, in which promptness, the length of the cycle, and other elements figure. The outcome of this series of examinations has convinced the author that a positive result is the most delicate evidence that something pathological is present in the cerebrospinal fluid. For one thing the albumin content is increased, not in a mere majority, but in all cases. There is no parallelism with any kind of cell count. The most marked reactions are seen in myelitis. It is possible that escape of hemoglobin into the fluid will turn out to be the cause of the reaction.—N. Y. Medical Record, July 4, 1914.

INSTITUTION FOR TUBERCULOSIS PATIENTS IN MARION COUNTY.

The first definite steps toward the ultimate building of a hospital for tuberculosis patients in Marion County were taken at a meeting at the anti-tuberculosis headquarters, 203 Public Savings Insurance Building.

Several weeks ago, on the request of the Marion County Society for the Prevention of Tuberculosis, the county commissioners brought the question of building a hospital to the attention of the County Council. The Council named Morton B. Dawson of Broad Ripple, Charles E. Haugh and James VanAtta of Indianapolis to confer with the anti-tuberculosis society on the subject. A general committee of nine members has been formed.

Persons who have studied the plans of the County Tuberculosis Hospital at South Bend, now in course of construction, favor the design of that institution. The county has purchased ninety acres of farm land for the use of the hospital. Broad verandas facing the south are provided for each pavilion. In each pavilion are dressing rooms for men and women and each separate unit of the institution has a kitchen.

The committee assigned to the task of preparing statistics showing the need of a similar institution on a much larger scale for Marion County completed its work last night. Its report shows that in the last five years there were 2,444 deaths from tuberculosis in Indianapolis. In the last three years 1,650 cases of tuberculosis have been cared for at the free

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tuberculosis clinic conducted by the city board of health. Miss Ina Gaskill, the nurse in charge, said yesterday that she has forty-eight applicants on her list.

GAIT IN NERVOUS DISEASE.

Abnormalities in gait are all due to loss of well-recognized functions of the several parts of the central nervous system, which consists, in brief, of afferent, efferent and co-ordinating systems. A tabetic has suffered damage to the parts of the posterior columns of the cord, which transmit sensations from muscles and joints; consequently, he depends entirely on sight for his equilibrium, wastes force by throwing the limbs too high and bringing them violently on the ground, and assist balance by walking on an abnormally wide base. A patient with cerebellar disease cannot control the harmonious action of opposing groups of muscles, although quite conscious of his position; he therefore adopts a wide base, and his gait is reeling because he has to attempt to recover his balance when some ill-regulated contraction pulls his center of gravity to one side. If the lesion is unilateral, his inclination is toward the injured side. A hemiplegic patient has rigidity of the whole of one side, and the affected leg is adducted and extended, so that the body must be inclined over to the sound side and the injured limb circumducted. A diplegic patient with the same condition on both sides must do the same with both legs producing the "scissor" gait. A paraplegic patient with less adductor spasm takes short steps, scraping the toes but without crossing the legs. A subject of peripheral neuritis, with paralysis of the dorsiflexors and drooping of the ankle, has to flex the knee and protract the hip so to lift the drooped foot clear of the ground, thus producing the "steppage" gait. Finally, a patient with paralysis agitans, with rigid limbs and a stooping posture, has to run after his center of gravity with the short steps characteristic of the "festinating" gait. Attention to these considerations enables one in many cases to place the lesion with some accuracy and Jones claims that the abnormalities in gait, which occur in the different forms of nervous disease, are symptoms of definite diagnostic significance.—From the London Practitioner in Journal Am. A.

TECHNIC OF ANTITYPHOID VACCINATION AS OUTLINED BY DR. FRANK FOXWORTHY, OF INDIANAPOLIS.

In view of the interest now taken in typhoid prophylaxis, the technic of the vaccination must be of interest to every physician. F. W. Foxworthy, writing in The Military Surgeon, gives the following concise directions:

"The medical officer, with sleeves rolled up to the elbow, nails carefully manicured, must have his hands thoroughly cleansed by the use of brush, soap and hot water, and then soak his hands in a 1-1,000 bichloride or equivalent solution; with the left sleeve of each applicant rolled to the shoulder, the assistant paints with iodine a spot a little larger than a silver dollar on the posterior part of the middle third of the arm.

"The surgeon, after thorough sterilization, takes the three-cornered file, which has been boiled with the needles and syringe in a 2 per cent. soda solution, and files off the neck of the tube containing the vaccine. Usually a slight nick in the neck of the tube is sufficient to break off the top of it. These tubes have previously been submerged in a small receptacle filled with alcohol. For the first dose 1-2 cubic centimeter is drawn into the syringe, care being taken that no air bubbles remain. For the second and third dose, 1 cubic centimeter is drawn into the syringe.

"Grasping the arm firmly so as to pull up the skin lightly over the spot painted with iodine, the hypodermic needle is introduced subcutaneously. This must not be into the muscular tissue nor into the skin alone. The sleeve is to remain rolled up until the spot has dried. The needle is then unscrewed.—Am. Jour. Clin. Med.

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MEDICAL MISCELLANY

THE LONG HOSPITAL DEDICATION.

Dr. and Mrs. Robert W. Long, of Indianapolis, through whose generosity the State comes into possession of a magnificent new hospital, formally presented their gift at a simple ceremony at the new institution on West Michigan street, June 15. In the presence of 400 men and women, Dr. Long stood on an elevation in one of the large wards of the institution, and, addressing Governor Ralston, formally offered the building and grounds to the State. Mrs. Long sat beside him.

At the conclusion of the brief presentation Governor Ralston accepted the gift in behalf of the State, as he clasped hands with the venerable physician and wife.

Dr. and Mrs. Long could not conceal the emotions they felt at receiving the high praise from the Governor and the plaudits of the men and women who crowded into the room. With tears in their eyes, the couple stood on the rostrum and shook hands with several hundred persons. They received the congratulations of many personal friends, and shook hands with scores of persons whom they never had seen before.

"We are met here today to dedicate this hospital and to turn it over ready for use to the State of Indiana," said Dr. Long in presenting the hospital. "We all think Indiana the best State in the Union, yet it has no State hospital for those requiring medical and surgical aid; no place for the poor of the country districts to lay their heads in the hour of their affliction. In cities, we send them to city hospitals, but in towns and country districts, if surgical attention is necessary, we go out among the neighbors to raise funds to pay the fees which may save life.

"For some years my wife and I debated what would be the best disposition we could make of the limited amount of money we could give now. For a time we considered a woman's hospital, but that would not reach the class in greatest need. We know we will not be disappointed in what we have undertaken to do. I learn there are some two thousand crippled and afflicted children in the State who can be benefited or cured by surgical attention.

"I have been asked why we did not wait and then we would be able to do more. The reason I have given is that we have no lease on life, and that if you know what you want to do it is better to do it while living than to leave others to do what you can best do yourself.

"I hope the people over the State who see the need of such a hospital will ask the men whom they send to the Legislature to represent them not to economize at the expense of the afflicted and worthy poor.

"It is with pleasure that we now present to the State of Indiana this hospital."

In accepting the gift, Governor Ralston, addressing Mr. and Mrs. Long, in part said:

"The purposes and character of your gift stamp you at once as lovers and benefactors of mankind, and give you a unique place in the history of this commonwealth. Your act was a merciful one and better than the place it will give you in history is the place it will give you in the hearts and prayers of the beneficiaries of your generous compassion.

"You are to be congratulated for establishing this hospital in connection with Indiana University. You thus adopted the means of promoting efficiency in the medical profession by providing facilities to medical students of this school that will enable them to equip themselves properly for their life work.

"Indiana never goes backward. You need have no fear therefore that she will ever deny this institution the financial aid necessary to make it accomplish the work so near to your hearts.

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"I accept this institution on behalf of the State of Indiana as one of the proudest acts of my official life, and I represent the sentiments and feelings of all the people of this State, as I take you both by the hands and thank you for it. It is dedicated to the cause of humanity."

Program at State House.

Preceding the presentation and acceptance there was a brief program in the chamber of the House of Representatives at the State House, at which Dr. Henry S. Pritchett, of New York, president of the Carnegie Foundation for the Advancement of Education, was a speaker. His subject was "The Medical School and the State." Governor Ralston presided and a brief outline of the work of the new hospital was given by Dr. Chas. P. Emerson, dean of Indiana University School of Medicine.

In describing the hospital Dr. Emerson said the institution contains eighty-eight ward beds and sixteen private rooms. Through the patients that are received at the Long institution, Dr. Emerson said, the authorities hope to be able to trace hereditary deficiency to its source and to prevent its further spread.

Dr. Pritchett declared that the conservation of the public health is the largest single interest to which the modern State can give its attention and asserted that the hospital should prove a great agency for good in this conservation effort. He asserted that Indiana, perhaps, is more "bedoctored" than any other place in the world. There is a physician for every 500 persons in the State, he said. He urged that the medical school and State Board of Health co-operate in the fight to improve public health.

The gift of Dr. and Mrs. Long amounts to approximately $250,000. With this money the building was erected and the equipment installed. They announced their desire to present a hospital to the State in the winter of 1911, while the General Assembly was in session. A bill was passed accepting the gift and work on the structure was commenced immediately.

The new hospital will be ready to receive patients the first week in July. On the wall at the entrance of the building are portraits of Dr. and Mrs. Long, painted by T. C. Steele.

Indiana University School of Medicine Alumni Association Banquet.

Trustees of Indiana University, their guests and members of the Alumni Association of the Indiana University School of Medicine attended a banquet held at the Claypool Hotel the evening of June 16, in connection with the presentation of the hospital to the State. Nearly two hundred were present, among the guests being a large number of women.

Dr. J. N. Hurty was toastmaster. Dr. Pritchett, who delivered an address earlier in the day at the meeting in the State House, was one of the speakers. He praised Indiana for its strides in the field of medicine, and said that medical schools, through endowments, are making much more rapid progress than in the past. Dr. William L. Bryan, president of Indiana University, urged that all branches of medical practice in the State unite in an effort to advance the profession. Dr. Charles F. Hoover, of Cleveland, Ohio, professor of medicine in Western Reserve University, made a brief address. Governor Ralston was to have been one of the speakers, but was unable to attend the banquet. Music was provided by the Indiana University Glee Club.

Election of officers by the alumni association resulted in the naming of Dr. Walter D. Hoskins as president and Dr. Paul Coble as secretary and treasurer.

The Robert W. Long Hospital.

The dedication of the Robert W. Long Hospital and its formal transfer to the State was the final proceeding in act of service to the community that was deserving of all the thanks and the praise extended by the speakers who represented the State and the medical fraternity.

One of the interesting features of the affair and one that is to be highly commended is that Dr. and Mrs. Long put themselves into the gift in an unusual

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way. By reason of his professional knowledge Dr. Long realized the need of a hospital that would be of especial use in medical education in the State and where citizens of the State could secure treatment. He knew that the need was immediate and therefore did not content himself with making a bequest that could be utilized at some indefinite period in the future, but decided that the time for building that hospital was now.

It has been erected as he would have it; he has the satisfaction of seeing the materialization of his plan and it may be hoped that he will have the pleasure for many years of seeing the practical benefit of his gift. His course is one that might be commended to all philanthropists. If every one who makes a gift to the public would make it in his lifetime and see that its accompanying provisions were properly carried out, there would be advantage to all concerned.

The new hospital will operate in connection with the State University, its clinics to be open to the medical students of that institution and its internes to be chosen from their ranks. It will be conducted according to the latest scientific methods and its medical staff will include physicians and specialists of the highest skill. The new hospital is a valuable addition to the list of such institutions and both State and city have reason to extend sincere thanks to Dr. and Mrs. Long for their generosity and public spirit.—Editorial in the Indianapolis Star of June 15.

DEATH OF DR. S. H. MOORE.

Dr. Samuel H. Moore, seventy-one years old, one of the oldest and best known physicians of Indianapolis, died at his home, 732 Fletcher avenue, June 15. His death occurred after a long illness. Five years ago he suffered a stroke of paralysis. Three years ago he received a second stroke, after which he lost the power to speak.

Dr. Moore is survived by a widow and three sons, Dr. H. S. Moore, of San Francisco, Cal.; Horace W. Moore, of this city, and Herbert Moore, an artist, of Claymont, Dela. The funeral took place at the family home at 9 a. m. on the Wednesday morning after his death. The services were conducted by the Rev. Raymond L. Miles, assisted by the Rev. E. I. Larue. The burial was at Crown Hill cemetery.

Dr. Moore was born near Southport, Marion county, April 8, 1843. When he was seventeen years old he entered Wabash college, from which he went to the United States Military academy at West Point. He left West Point to join the Seventeenth Indiana regiment as a private and ninety days later returned to Indianapolis to assist in organizing a company in the Thirteenth Indiana Cavalry. He was commissioned second lieutenant in that regiment, was promoted to be adjutant and first lieutenant and before the close of the war was captain commanding Company F.

Following the close of the war he studied medicine at the Indiana Medical College and began the practice in Doctors' row, as the square in Market street, between Pennsylvania and Delaware streets, was known for a long time. For forty-two years he had his office in a one-story frame building at Virginia avenue and Louisiana street, a longer occupancy of one location than has been made by any other physician of Indianapolis.

Dr. Moore was an expert trap and wing shot, and for many years was connected with the Limited and Indianapolis Gun clubs, either as a member or officer. As president of the Indianapolis Gun Club he did much to make it a popular organization. His shooting name was Jack Snipe and under it he won several trophies. Hunting and trap shooting were his only forms of recreation. He was regarded as one of the best marksmen in the State and was known by most of the expert trap shooters in the country. He had a great liking for poetry and could recite almost everything written by James Whitcomb Riley. The doctor sometimes wrote poetry himself and had a fondness for verses on nature subjects. Dr. Moor-

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was a member of George H. Thomas post G. A. R. and of Capital City lodge of Masons.

IN MEMORIAM.

Harriet Kemper, daughter of William and Elizabeth Kemper, was born in Kenton county, Ohio, May 9, 1844, and died at the home of her daughter, Mrs. John L. Smith, in Terre Haute, Ind., on June 13, 1914, aged 70 years 1 month and 4 days.

When she was four years of age her parents removed to Iowa, making their home at Oskaloosa. Here she spent her youth and girlhood, and here received her education.

When sixteen years of age she united with the Methodist Episcopal church and remained a faithful and consistent member until the day of her death—a period of fifty-four years. Forty-eight years of this time she was a member of Simpson Chapel, afterwards High Street church, in Muncie, Ind. Her religious life was one of faith and simplicity.

Her sickness and death were due to an internal cancer, and for a period of more than six months she received medical and surgical care. During all this time of affliction she was patient and uncomplaining.

She was united in marriage to Dr. G. W. H. Kemper, of Muncie, Ind., August 15, 1865. The Doctor and his wife came to Muncie August 18, 1865. Here they continued to reside and reared their family.

Four children were born to this union. Georgette, now Mrs. John L. Smith, of Terre Haute; Dr. Arthur T. Kemper, of Muncie, and Dr. William W. Kemper, of Lancaster, Ohio. One son, the first, survided but a short time. This was the only death in the immediate family from the date of their marriage until her death, a period of nearly forty-nine years.

The friends of Dr. Kemper who attended the mid-year meeting of the Indianapolis Medical Society in February will remember that the Doctor mentioned the illness of Mrs. Kemper and stated that she was then at the Methodist Hospital. He said with deep feeling that the members of the profession in Indianapolis had always been his friends, and now in a time of trouble he fully appreciated this sincere friendship. Mrs. Kemper was operated upon February 6. The Journal and its friends extend to Dr. Kemper their heartfelt sympathy.

S. E. E.

NEW BOOKS BY DR. BELL, OF NEW YORK.

Dr. Ralcy Husted Bell, of New York, a member of the staff of this journal and author of "The Worth of Words," "The Changing Values of English Speech" and other publications, will have a revised edition of "The Religion of Beauty" soon. The Putnams will bring out a book on art for him in the fall,

"Taormina." Illustrated. New Historic Matter. Price $2.00. This book is soon to appear, and has brought forth this encomium:

History is told here with Maeterlinck's charm of style; scenes are painted with the power and beauty of Hearn; philosophy is unconsciously brought forth from events. Greek legend weaves a necklace of imagery which holds Etna in its clasp. Martial echoes mingle with the voices of ancient poets, the murmur of the Ionian Sea and of olive leaves in sunny Sicily.

S. E. E.

THE WELLCOME HISTORICAL MEDICAL MUSEUM.

The Historical Medical Museum, which was founded by Mr. Henry S. Wellcome in connection with the Seventeenth International Congress of Medicine, was reopened on May 28 as a permanent institution in London. It is now known as the "Wellcome Historical Medical Museum," and is open daily from 10 a. m. to 6 p. m., closing at 1 p. m. on Saturday; entrance, 54A Wigmore street, Cavendish Square W. Since closing last October the collections in the museum have been considerably augmented and entirely rearranged. Many objects of

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importance and interest have been added, which it is hoped will increase the usefulness of the museum to those interested in the history of medicine. Members of the medical and kindred professions are admitted on presenting their visiting cards. Tickets of admission may be obtained by others interested in the history of medicine on application to the curator, accompanied by an introduction from a registered medical practitioner. Ladies will be admitted only if accompanied by a qualified medical man.

GRADUATION EXERCISES AT ST. VINCENT'S HOSPITAL.

For several years the training school for nurses of the St. Vincent's Hospital has not held public graduation exercises. The one on June 24 was so meritorious that it made up for lost time. The set program was as follows:

"All for Thee"—Chorus.

Address—Frank A. Morrison, M. D.

"Souvenir," Duo for Piano and Violin (Franz Drdla)—Agnes Keller and Blanche Kirkhoff.

"St. Michaels" (Recitation) — Helen Marie Cleary.

(a) "The Birth of Morn" (Leoni). (b) "Gloria" (Buzzi-Peccia)—Elmer Andrew Steffen, Tenor. Accompanist, Ruth Elizabeth Murphy.

Drill—Pupil Nurses.

Address and Awarding of Diplomas—Right Reverend Joseph Chartrand, D. D.

"Till We Meet Again"—Chorus.

Dr. Morrison, although he made a short hot-weather talk, emphasized some very important points. He said that some of the institutions seemed to think it their duty to make every nurse a "half-baked" doctor, and that some of the boards presented a set of examination questions which were more appropriate for a doctor than a doctor's helper. He passed out a number of compliments to the school and its pupils, and deservedly praised them for the good work which had been accomplished. After the presentation of the diplomas, Father Chartrand delivered an address that was full of good advice. Emphasis was placed upon good character, in which an outline was given of the high attributes of woman. He said that the perfect virtue required the blending of man and woman, and that the woman who was masculine or a man who was effeminate ranked below the standard of ideal womanhood or manhood. Several times in his discourse he importuned the nurses never to try to be men, but always remember the duties of their calling, of which manliness is not a part.

The drill of the pupil nurses was splendidly received. At its close the white electric lights in the ceiling were changed to red, and during the interval of silence the audience began to distinguish the nurses with up-raised hands kneeling in the form of a cross, and in a moment they sang "Nearer, My God, to Thee." It was solemn, beautiful and impressive.

Those who graduated are: Ruth Beach, Margaret Winn, Kathryn Smith, Marie Reiver, Anna Stanton, Anna Treacy, Frances Holland and Rose Mangin.

Sister Superior Mary Joseph presented each graduate with a gold pin.

The clergy, medical profession and other friends of the graduates were well represented. After the exercises refreshments were served. S. E. E.

BETTER THAN TONS OF LITERATURE

The Federation of Woman's Clubs in Chicago has enlisted in an earnest effort to fight tuberculosis. We are sure the results will be far reaching. The Cincinnati Medical News says:

Dr. C. S. Rockhill read a paper before the General Federation of Women's Clubs, section on health, at Chicago, on June 16, entitled "Opportunity of Women's Clubs in the Prevention of Tuberculosis." He spoke of the general prevalence of the disease, pointing out that many animals suffer from it. He mentioned the various methods by which the bacilli are disseminated. Dr. Rockhill graphically explained how the soil for their implantation is prepared. Alcoholism, unhygienic schoolrooms and sleeping quarters, insufficient food, impure

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air, overwork, social dissipation, congenital defects of various kinds, overstudy at the critical period in young girlhood—these and other indirect causes were delineated. Dr. Rockhill begged his hearers to enlist themselves in the warfare against the disease which at some time invades every home. He showed the women the various methods they could employ to assist health authorities in reducing the mortality from tuberculosis. From reports it is learned that several thousands of these most intelligent and capable women in attendance on the Federation meeting have pledged themselves to do everything in their own community to fight the great white plague. Such addresses accomplish more good than tons of so-called anti-tuberculosis literature. S. E. E.

NEW OFFICERS OF THE A. M. A.

President-elect, Dr. William L. Rodman, of Philadelphia; first vice-president, Dr. D. S. Fairchild, of Iowa; second vice-president, Dr. Wisner R. Townsend, of New York; third vice-president, Dr. Alice Hamilton, of Chicago; fourth vice-president, Dr. William Edgar Darnall, of Atlantic City; secretary, Dr. Alexander R. Craig, of Chicago, re-elected; treasurer, Dr. William Allen Pusey, of Chicago.

Three thousand three hundred and eighty-three members registered at this meeting. The place chosen for the next meeting is San Francisco.

CORRESPONDENCE.

Kokomo, Ind., June 28, 1914.

A. W. Brayton, M. D., Indianapolis, Ind.:

Dear Doctor—I have another case of pellagra in my practice. You will remember I reported a case in July, 1910, which was the first case reported in this State. The eruption in the present case developed June 10 and is typical. Since that time diarrhea, stomatitis, cystitis and increasing weakness have developed. The eruption is on both arms and dorsal surface of the hands. It is symmetrical and has changed from red to scaly in center, "an oil paper appearance" of eruption on backs of hands, with tendancy to crack.

I am attempting to keep a history of the case, covering it as well as possible. Knowing you have studied the disease and have been particularly interested in it, I thought to write you in regard to it. A more detailed case report will appear later. Yours truly,

G. D. MARSHALL, M. D.

INDIANAPOLIS' GAIN IN POPULATION

The Census Bureau recently made an official estimate of what the population of Indianapolis will be on July 1, 1914. It shows an estimated growth of more than 25,000 in the population of the city since the census of 1910.

The estimate is 259,413 inhabitants, as against 233,650 shown by the census of 1910.

A growth in the population of Indiana in the same period from 2,700,876 to 2,779,467 also is estimated, showing that the percentage of estimated growth for Indianapolis is greater than for the remainder of the State.

THE LONG ISLAND COLLEGE HOSPITAL.

Long Island College Hospital, Brooklyn, which is one of the oldest medical colleges in the East, has undergone complete reorganization in order to meet the modern requirements of teaching medicine. It has instituted a five-year course to take effect in September of this year, and has arranged to add over twenty full-time members to its faculty, and every department has been increased. The junior year will be given over to dispensary work and didactic medicine and surgery and the senior year will be devoted entirely to bedside work in the hospital owned by the college, which, with the new addition, will give the institution 560 beds and make it one of the largest in Greater New York.

The following gentlemen will occupy the new positions on the faculty: Dr. Archibald Murray, professor of pathology; Dr. William Lintz, professor of bac-

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teriology; Dr. John C. Cardwell, professor of physiology and pharmacology; Dr. Matthew Steel, professor of chemistry; Dr. William Francis Campbell, professor of surgery; Dr. William B. Brinsmade, professor of clinical surgery; Dr. Johsua M. Van Cott, professor of clinical medicine, and Dr. E. H. Bartley, professor of pediatrics.

DEDICATION OF ST. FRANCIS HOSPITAL.

The dedication of the new St. Francis Hospital at Churchman avenue and Sherman drive took place July 5. The South Side now has an institution for the care of sick and injured persons. The old St. Vincents building on South and Delaware street has been empty since the erection of the magnificent building on North Illinois street and Fall creek about two years ago.

An interesting bit of information in connection with the new institution is that the sisters themselves supervised the work of erection since the structure has been ready for its roof. The contractor who had undertaken its construction was unable to complete his contract because of financial ill fortune and withdrew, leaving the building only partly completed.

With Sister Murphy acting as supervising architect, the workmen were directed by members of the sisterhood.

The building has a frontage of about 197 feet and a depth of forty-eight feet, and is of fireproof construction. It is equipped with four operating rooms and is planned to accommodate 100 patients. The sisters will do their own nursing and a large percentage of charity patients is expected.

Starting with a small fund as a nucleus, the principal part of the $200,000 required for the building was raised by the sisters as a result of a canvass for subscriptions and by voluntary donations.

In all the territory south of Fountain Square the institution will be more accessible than any other hospital in the city. S. E. E.

NOTES FROM THE A. M. A. MEETING.

Infant Incubator a Failure.

The infant incubator has been more of a failure than a success, Dr. E. Chapin, of New York, reported in a paper before the section on diseases of children. Out of 150 personal experiences with the incubator for infants, he could not report one satisfactory result, death resulting in the great majority of instances. He urged that the house of delegates be asked to declare against its further use.

Health Officers Out of Politics.

Dr. M. P. Ravenal, of Madison, Wis., before the section on preventive medicine and public health, said the day had come when it was time to take the public health officers of every municipality from under political control and see that a man was named for such a position, with a view to his fitness for it. He urged that all medical colleges institute special courses for the education of public health officers.

This is an iridescent dream. The Health Board of Indianapolis has always had good men on it because the politicians hold the medical profession in high esteem.

Dr. Hurty on Poverty.

Dr. J. N. Hurty, of Indianapolis, a member of the committee on poverty, said the normal person never sank to the level of poverty. In the main, poverty was caused by sins unmentionable in a public gathering, and the eradication of sin and disease would remove poverty. Tuberculosis played its part, but feeblemindedness was one of the principal factors.

Brain Surgery at Home and Abroad.

The specialists were surprised by figures presented by Professor Herman Kuttner, of Breslau, Germany. He is one of the experts in this line of surgery of Europe, and related that forty of one hundred cases treated by surgery, where the diagnosis had been brain tumor, had failed to save the life of the patient.

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Dr. Harvey Cushing, the Boston brain specialist, in discussing the German scientist's paper, said the high rate of mortality he had quoted was probably due to the fact that the observations covered a period of six years, and the death rate was out of proportion to that in the cases noted here. Of 142 cases treated in one Boston institution, less than 9 per cent died.

The storm center of brain surgery was for long in Johns Hopkins Hospital. Dr. Cushing lectured there, as he does now in Boston. His teamwork in brain surgery has produced marvelous results.

NEWS ITEMS.

The marriage of Miss Helen Marguerite Shingler to Dr. Colin Vincent Dunbar, solemnized June 27 at the home of the bride's parents, Mr. and Mrs. Robert Shingler, 3009 North Illinois street, was one of the prettiest weddings of the month. Just before the entrance of the bridal party Miss Nellie Thorne, of Kokomo, Ind., sang a group of bridal songs and for the processional the "Bridal Chorus" from Lohengrin was played by Miss Nettie Dunn. Little Mary Eleanor Marshall, who carried the ring in a basket of daisies, was followed by the bride's sister, Miss Roberta Shingler. The bride entered with her father and was met by the bridegroom with the best man, Dr. E. E. Padgett.

Dr. and Mrs. Dunbar have taken a lake trip and they will be home to their friends after July 24 at 3905 Rookwood avenue.

The summer vacation of Dr. C. R. Sowder will consist of week-end trips to his farm, located in Blue River Valley, near Newcastle.

Drs. J. F. Barnhill and Frank Hutchins will make an automobile tour of a month through the New England States in August.

An article entitled "The Peripheral Origin of Surgical Shock," which is the result of research work in the laboratory of experimental surgery of the Indiana University School of Medicine, appeared in the Johns Hopkins Hospital Bulletin for July, 1914. It contains ten thousand words and thirty-four references. The work was done under the direction of Dr. W. D. Gatch, and Dr. George Boesinger assisted in the experiments.

Clinical Medicine for July has a descriptive article, with illustrations, relative to an infusion apparatus designed by Dr. Harvey A. Moore, of Indianapolis.

Dr. D. F. Berry will spend a portion of the summer at Mackinac, Mich.

Dr. and Mrs. E. F. Kiser have returned from a pleasure trip to New York.

After they had received their diplomas together June 24, John Herbert Hare, a medical school student of Indiana University, whose home is at Sheridan, and Miss Imogene Varner, formerly of Evansville, were married. The ceremony was performed by Dr. J. W. Jones of the First Methodist church, and the couple stood before an altar clad in their caps and gowns. They departed for Indianapolis, where the groom will practice medicine. He is a member of Phi Beta Pi and the bride belongs to the Alpha Phi Sorority.

Dr. R. M. Moore, one of the house physicians at the City Hospital, has resumed his duties after an operation for appendicitis.

Dr. H. R. Alburger has resigned his faculty membership in the University school and will devote himself to consultations and private pathological examinations. His office is 740 Newton Claypool building.

Dr. H. H. Wheeler took clinical work at Johns Hopkins.

The marriage of Miss Helen C. Kimble and Arthur E. Herrman took place July 1 at their new home, 517 North Dearborn street, the Rev. Allan B. Philputt

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officiating. Mr. and Mrs. Herrman have gone to Niagara Falls and Buffalo for a trip, and they will be at home after August 1 at the above address.

For five years Miss Kimble was an assistant in the office of S. E. Earp, and during this time has rendered valuable assistance in getting out each issue of the Journal. She succeeded Miss Clara Kimble, who is now Sister Mary Eulalie, a Sister of Providence, who became a teacher of music after entering the sisterhood, and is now in Our Lady of Mercy school, Chicago. Miss Helen Kimble, now Mrs. Herrman, has been succeeded in the Journal office by Miss M. Wyrick.

Dr. Eugene Bishop Mumford has limited his practice to orthopedic surgery and to medical and surgical diseases of children. His office is at 504 Newton Claypool building.

Dr. and Mrs. W. S. Tomlin took a pleasure trip to the Atlantic coast in early July.

Dr. J. D. Garrett has been doing postgraduate work in New York.

Dr. Arvine Mozingo, who served an internship at the Methodist Hospital, will enter one of the New York hospitals as an interne.

Dr. R. O. McAlexander has returned from a visit to New York, Philadelphia and Baltimore.

INDIRECTION.

This poem was a favorite of the late Rev. Oscar McCulloch, of Indianapolis. The author, Richard Realf, was born in England in 1834, came to the United States and enlisted in the Union army in 1862, wrote a number of poems while in the field, and committed suicide at Oakland, Cal., in 1878:

Fair are the flowers and the children, but
their subtle suggestion is fairer;
Rare is the roseburst of dawn, but the
secret that clasps it is rarer;
Sweet the exultant of song, but the
strain that precedes it is sweeter,
And never was poem yet writ, but the
meaning outmastered the meter.

Never a daisy that grows but a mystery
guideth the growing;
Never a river that flows but a majesty
scepters the flowing;
Never a Shakespeare that soared but a
stronger than he did enfold him,
Nor ever a prophet foretells but a
mightier seer hath foretold him.

Back of the canvas that throbs the painter is hinted and hidden;
Into the statue that breathes the soul of the sculptor is bidden;
Under the joy that is felt lie the infinite issues of feeling;
Crowning the glory revealed is the glory that crowns the revealing.

Great are the symbols of being, but that
which is symboled is greater;
Vast the create and beheld, but vaster
the inward creator;
Back of the sound broods the silence,
back of the gift stands the giving,
Back of the hand that receives thrill the
sensitive nerves of receiving.

Space is as nothing to spirit, the deed is
outdone by the doing;
The heart of the wooer is warm, but
warmer the heart of the wooing;
And up from the pits where those shiver,
and up from the hights where those
shine,
Twin voices and shadows swim starward
and the essence of life is divine.

—Richard Realf.

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BOOK AND JOURNAL REVIEWS.

Cunningham's Textbook of Anatomy. Edited by Author Robinson, M. D., F. R. C. S. Edinburgh, Professor of Anatomy in the University of Edinburgh. Fourth Edition. Enlarged and rewritten. New York, William Wood and Company, 1913. Price $6.50 in cloth, $7.50 in morocco.

This great textbook, the final word in human anatomy, at least in the English speech, is illustrated by 1,124 figures from original drawings, and 637 of them are printed in colors. It is a book of 1,600 pages, but on such excellent paper that it is not over-heavy to hold, and is so well bound that it opens without breaking and presents full open pages flat to the sight. It is a well made book. It is printed from the Oxford University Press, and probably bound in the United States. So much for the vehicle which carries so important a burden of the fundamental elements of medicine and surgery.

The present writer asked Dr. John Sluss, for long teacher of anatomy in the Indiana Medical College, and author of the well-known Manual in Emergency Surgery, as to the various standard English anatomies. He asserted that each had its distinctive value—that Norris had not been able to displace Gray in American colleges because of its long recognition and use as a standard; he knew its every page and plate and could turn to what he desired at once. But Cunningham's anatomy was the favorite for dissection and knowledge of structure. And such is the view of medical students—they prefer Cunningham as a dissecting manual. Its style is admirable; it reads right along and maintains a natural and continuous interest.

One can not go into details of this great work in a brief review. The nervous system alone requires 400 pages and 350 illustrations carefully named and described, many of them printed in three colors, a great help to the student. The index of 120 pages is a complete key to the book. The great section on the central nervous system was originally written by Professor Cunningham, as also was the respiratory system and the ductless glands. Since the deaths of Professors Cunningham, Burmingham and Young the work has been fully revised and rewritten and credit is given to nearly a score of eminent authors and anatomists who have worked together for the perfection of the book. There is a beautiful plate presenting the bust of Daniel Johannes Cunningham, Adhuc Loquitor, who began as demonstrator of anatomy in the University of Edinburg in 1874 and was professor of his life-long work in the College of Surgeons in Dublin, 1882-3; professor in Trinity College, 1883-1903, and in the University of Edinburgh, 1903-9. His was a life of devotion to a great cause—the study of morphology. His book will stand for long as a monument to his life-work. A. W. B.

A Handbook of Psychology and Mental Disease. For use in training schools for attendants and nurses and in medical classes, and as a ready reference for the practitioner. By C. B. Burr, M. D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases; formerly Medical Superintendent of the Eastern Michigan Asylum, etc. Fourth edition, revised and enlarged, with illustrations. F. A. Davis Co., publishers, Philadelphia, 1914. Price, $1.50 net.

This book has been materially enlarged, and one of the additions of importance is a section entitled Symbolism in Sanity and Insanity. Studies have been made of certain paranoid and hysterical states on the basis of Freud's researches and a more detailed description of symptoms and symptom groups incorporated. The section on "Management of Cases of Insanity from the Medical Standpoint" has been amplified. We might say that this is one of the most important features. It is instructive and what is said can be easily understood.

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Emphasis can well be placed upon the reference made to nursing. Those who had the pleasure of hearing Dr. Burr deliver one of the notable addresses before the physicians of the State at the Central Indiana Hospital for the Insane some years ago will not be surprised at the plain, lucid and comprehensive manner which govern the text of this book. The address to which we refer was published in this Journal. S. E. E.

Biology, General and Medical, by Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-chirurgical College of Philadelphia and Fellow of the College of Physicians of Philadelphia; 457 pages and 160 illustrations. This is the second edition, revised. Price, $1.75. Philadelphia and London: The W. B. Saunders Company, 1913.

All medical readers and teachers know Dr. McFarland's "Pathogenic Bacteria and Protoza," of 872 pages, price $5.00, now in its second edition. He has now four notable books—three devoted to the author's special field of pathology and bacteriology and protozoology.

His last book is different. It deals with historic, evolutionary and speculative topics—notably his careful resume of the subjects of heredity and evolution. There are chapters on the origin of life and its manifestations; the cell and cell division; reproduction; ontogenesis; conformity to type; divergence; parasitism; structural and blood relationship; mutilation and regeneration; grafting and senescence.

Spontaneous generation takes one back to Virgil's "Georgics"—the bees out of macerated carcass of the bullock; also the "metamorphoses" of Ouid, and so on down to the great fight between Sir Charles Bastian as against Pasteur and Tyndall—things seemingly of yesterday, to a reviewer of 66 years. This is a book for naturalists as well as for physicians. The book is a great review, a vademecum for any teacher of medicine who desires to bring his teaching of medicine into relation with the great facts of evolution. The author has helped himself from a hundred standard authorities, but to good purpose for his readers. The story of Pasteur's victory over rabies is graphically told—the boy Joseph Meister, who was first saved by immunization during the incubation period. But the author on the whole is prosaic (and this is the best pabulum for many readers—those who want the facts alone) Certainly Dr. McFarland has made a fine study—a condensation in 450 pages of the great discoveries which range from Virgil to Ehrlich. We shall not give this book away, but shall keep it as an excellent summary of the knowledge of biology which began with Huxley, Tyndall, Darwin, Spencer and Pasteur and continued to the present day of great men—Theobold Smith, Ehrlich, Koch Metchnikoff Wassermann, Ricord and Fournier.

Most of the men who are quoted by our author have passed away, but to those who have read after this group for fifty years it is a pleasure to review their work in a book like this of Dr. McFarland's; but better still in memory. For,

"If thought unlock her mysteries,
If friendship on me smile,
I walk in marble galleries,
I talk with Kings the while."

A. W. B.

Treatment of Chronic Leg Ulcers, a Practical Guide to Its Symptomatology, Diagnosis and Treatment. By Dr. Edward Adams. 122 pages. Cloth, $1.00. Published by The International Journal of Surgery Company, 100 William street, New York City.

The lower extremities are so frequently the site of chronic ulcerative processes that a universal desire for more light upon this subject will no doubt popularize this little book. The reader can familiarize himself upon the topics herein treated without spending many hours looking through the larger volumes on general surgery. Essential diagnostic points are given and the treatment is practical. The newer methods have been given due consideration. This work

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largely reflects the views and personal observation of the author in private and hospital practice, and yet he has not omitted any of the important points that conduce to a successful management of such cases. This is true so far as a small book can accomplish it. There are quite a few good illustrations.

S. E. E.

Diagnostic Methods by Herbert Thomas Brooks, A.B., M.D., Professor of Pathology, University of Tennessee College of Medicine at Memphis. Second Edition, re-written. Published by the C. V. Mosby Co., of St. Louis, 1914. Pages, 82. Price, $1.00. Cloth covers (limber), rounded corners, made in good laboratory book style and well worth the money.

Best of all in this book is the 20 pages of history taking. At the last meeting of the teachers in the Medical School of the University of Indiana, the only topic of any educational value discussed was the history taking by the students and internes. It was concluded that the ability of an interne in hospital or dispensary, or of a teacher of any grade, could be best gauged by the reports he made on newly entering cases. For the object of history taking is to make a correct diagnosis on which the treatment, whether surgical, medical, hygienic or psychopathic depends.

History taking requires a full knowledge of medicine and great common sense, and common sense is the final result of the whole previous action of the educated mind. History taking should begin in the junior year, be carried through the senior year and culminate after three years of work with the patients under care of highly trained teachers, at the end of the hospital year.

Most important of all to this great end, are the habits of observation and experiment formed by the two years of liberal arts and sciences in a first class college with most of the time spent on biology, botany and zoology (at least a year each) with chemistry and physics in full measure. There should be a year of phychology—at present too much time is given to high school studies in college, such as Latin, German and English literature, to say nothing of the time wasted in the "tommy-rot" of social life, of athletics, and of secret societies.

It is conceded by Dr. Dana of New York, Adami of Montreal and by many educators that the American youth at 17 years of age are two years behind the German youth of the same age.

So history taking means in its perfection five years of work to that end after leaving the high school. Any help of an introductory and classificatory analytical and systematic nature like the introduction to these "Diagnostic Methods" is, or should be, welcomed by medical teachers. As to the remaining 60 pages dealing with the sputum, the urine, gastric contents, blood, serous fluids, intestinal contents, tubercular diagnosis, the Wassermann, gonorrhea and reagents, etc., as far as the writer can see the author is a good teacher and his methods sane, simple, lucid and with desirable brevity.

The writer recommends the little book as a starter for the big red five-dollar books which must be the final resort, and shall put this copy in the laboratory adjacent to his syphilis clinic which demands the best case reports—they are bad—and laboratory records of any clinic in the teaching of medicine.

A. W. B.

Progressive Medicine, a quarterly digest of advances, discoveries and improvements in the medical and surgical sciences, edited by Hobart Amory Hare, assisted by Leighton F. Appleman, M. D. Lea & Febiger, Philadelphia and New York, publishers. Subscription price, $6.00 per annum.

The contributers to this volume are John G. Clark, William B. Coley, John C. A. Gerster, Edward Jackson and Alfred Stengel.

The contribution on hernia, together with its illustrations, is valuable reading matter, and we might include also the stomach, intestines, pancreas and uterus.

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Concerning venery there is much important information. Stengel refers quite extensively to diseases of the blood, diathetic and metabolic diseases, diseases of the thyroid gland, nutrition and the lymphatic system. This is not only material of the highest value, but comes from a masterful source. Clark gives a splendid review of what is now known relative to cancer of the uterus. In passing we notice that there is considerable said concerning diabetes and the ductless glands, and wisely, too. Sometimes it is not so difficult to trace some of these glands as a source of disease, but it is far from easy to determine a method of alleviation or cure. The text herein will prove helpful. Many other topics unmentioned in this notice are praiseworthy. S. E. E.

Teaching Sex Hygiene in the Public Schools. By E. B. Lowry, M.D. Publishers, Forbes and Company, Chicago.

Reviews have appeared in these columns dealing with several of the publications of E. B. Lowry, notably, "Confidences, Truths, Herself," etc. It is said that there is a companion volume to this book now in preparation which is to have the title, "Teaching Health in the Public Schools." We believe hygiene should be taught in the public schools, but as to the extent there seems to be a diversity of opinion. The author discusses the necessity, then the method, followed by word of caution. This embraces three chapters. Mention is made of the greater work which is in reality the details of general sanitation. It is evident that sex instruction alone is only one step in the moral training of a child. Other factors are outlined. Very properly much stress is placed upon playgrounds and methods of recreation. Probably it is true that the boy without a playground is like a man without a job. I saw somewhere a few lines that was intended to be a joke and yet to me suggested a seriousness. When someone asked a young man where he spent his childhood, he replied, "I had no childhood; I was raised in a flat." In keeping with the truths set forth by the author, this little half-baked story is apropos. The direction of physical education plays an important role in the moral welfare of the child. Parents who are blind to methods adopted for the betterment of children can herein find light unless they are blinded by an incurable ignorance and in such cases the law alone can be a factor in the lift-up of a child. The boy, girl and co-workers are integral parts of the problem discussed in this publication. S. E. E.

Lectures on Dietetics, by Max Einhorn, Professor of Medicine at the New York Post-graduate Medical School and Hospital and Visiting Physician to the German Hospital, New York. Publisher, Paul B. Hoeber, 69 East Fifty-ninth street, New York, 1914. Net price, $1.

We have here a series of lectures delivered at the New York Post-graduate School which deal with a great variety of subjects and are rife with practical points. The principles of diet are practically outlined. Then comes the digestibility of foods, and immediately afterward the diet in acute and chronic diseases. Diabetes mellitus is prominently in evidence. Lecture VII is of special value, dealing as it does with diet regimes. Duodenal feeding is made plain by four illustrations. The presentation of the subject is such that the reader will not fail to comprehend the author's ideas and will receive much benefit.

S. E. E.

Skin Grafting for Surgeons and Physicians, by Leonard Freeman, M. A., M. D., Professor of Surgery in the Medical Department of the University of Colorado, Surgeon to St. Joseph's, to the National Jewish Hospital and City Hospital, all of Denver. Pages, 124. Illustrations, 24. Price, $1.50, and well worth it. Publish by the C. V. Mosby Company, St. Louis, 1913.

This great aid to surgery, practiced by the ancient Hindoos only two thousand years ago, and perfected in the present era of antisepsis and anesthetics, is fully

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and beautifully set in this neat book by the C. V. Mosby Company in their best manner of printing. General methods are considered. A chapter is given to the method of Reverdin, who made his famous report in 1869 while an interne of La Charitie in Paris. Then follows the method of Thiersch in 33 pages, a chapter well worth the price of the book. The method of Wolfe-Krause and that of Hirschberg follow in detail.

Chapters on grafting from animals, local anesthesia, histology and pathology complete one of the most interesting and complete little books we have read for many a day. A. W. B.

Dr. William F. Clevenger, of Indianapolis, has published two interesting reprints, one upon "Primary Nasal and Laryngeal Diphtheria" and the other upon "Diphtheritic Complications." The papers are illustrated by a series of cases presented before the Indianapolis Medical Society.

Diseases of the Digestive Canal (Esophagus, Stomach, Intestines). Dr. Paul Cohnheim. From the second German edition. Edited and translated by Dudley Fulton, M.D. Illustrated third edition. J. B. Lippincott Co., Philadelphia and London. Price, $4.00.

So thorough was the former edition in all of its makeup, that no great changes were made in this one. There is a general section devoted to the anamnesis—physical examination, chemical and microscopical examination of the stomach, together with various apparatus necessary in diagnosis and treatment. One section takes up the various diseases of the digestive canal.

The author's experience in general practice has been such that he is especially competent to furnish us a book dealing with these subjects. The anatomical and functional diseases of the stomach and intestines are given apart from each other. Appropriately the therapeutics of the subject is given. Unimportant details have been left out so far as compilation from other text books is concerned, and the author draws for most of the facts from his right experience.

JULY CENTURY NEWS NOTES.

Miss Winifred Holt, daughter of the publisher, Henry Holt, is the heroine of "People of the Night," a paper which appeared in the July Century, telling about the splendid work that is being done by the New York Institution for the Blind, of which Miss Holt is the founder and guiding spirit.

According to Albert Bigelow Paine, Mark Twain's biographer, American ice-cream soda is a product to be met with in all parts of Europe. He brought this out in the July Century, in his series "The Car That Went Abroad," showing how a small-sized car can take a moderate-sized family on a good-sized European trip.

THE VERY IDEA.

Two suburban mothers met on the train one day, and the topic of their conversation was their daughters.

"How did your daughter pass her examination for a position as teacher?" asked one.

"Pass!" was the answer. "She didn't pass at all. Maybe you wouldn't believe it, but they asked that girl about things that happened long before she was born."

—July Lippincott's.

THE TURNING POINT.

I met her in a bathing-suit;
Somehow, I've never felt the same.
She'd always seemed so plump and cute—
I met her in her bathing suit,
Returning from a dip, to boot;
And then the disillusion came!
I met her in her bathing suit—
Somehow, I've never felt the same!

—July Lippincott's.

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(Central States Medical Monitor and Indiana Medical Journal.)

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24½ Kentucky Ave., Indianapolis.
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SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession. The Editor assumes no responsibility for the views of contributors.

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ORIGINAL COMMUNICATIONS.

"CASE COMMENTS ON CHRONIC CONSTIPATION."*

By J. C. Sexton, M. D., Rushville, Indiana.

I have neither the inclination nor the knowledge that would be required to take you through the whole subject of intestinal stasis, but merely wish to present to you some cases of my own which will serve to indicate in a measure the manner in which surgical skill can meet successfully certain conditions. More than this my wish is to call attention to the very large group of patients seeking relief from all kinds of symptoms which are undoubtedly due to auto-intoxication and which are certainly not relieved or not cured by remedial—diatetic—gymnastic—osteopathic or other measures.

In the study of confirmed constipation we meet at the outset almost insurmountable difficulties as to causation. Faulty training in childhood—faulty hygiene—faulty habits—errors and more than all indiscretions in diet lead to intestinal stagnation with resulting functional and physiologic disturbance, and to actual tissue changes in the intestine itself. More particularly we see these changes in the large intestine. To be sure and for a certainty under conditions of colonic and cecal stasis mild forms of inflammation occur giving rise to membranes and adhesions which may and often do interfere with the normal function of the small intestine. I may be wrong, but my idea is that the Lane's kink that binds the terminal ileum is a pathology, terminal in character, of a previous infection; and also of the so-called Jackson's membrane that spreads out over the cecum and ascending colon. My view at the present time entirely coincides with those pathologists who believe that colonic stasis produces ad-

*Read before the Sixth District Medical Association at Greenfield, Indiana. May 14, 1914.

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hesions and membranes and these membranes, as you all know, may produce kinks, constrictions and resulting stagnation and stasis.

In regard to the question of ptosis of colon, cecum and sigmoid very many and mixed opinions are held by different observers—but ptosis alone does not constitute pathology, or give rise to disturbance of physiological function. As long as the intestinal motility is undisturbed it makes no manner of difference as to the position of the intestine. Particularly do I wish to call your attention to this fact in relation to the transverse colon. The transverse colon does not run transversely across the abdomen at all except in almanacs and dead people. The so-called "V" shaped transverse colon is more often the normal or physiological position as can be demonstrated at almost any abdominal operation and as constantly shown by every Roentgen bismuth picture that I have ever seen.

You can find illustrations of numbers of healthy individuals, children as well, showing the transverse colon dipping down into the pelvis, and this alone does not constitute pathology. The fish hook stomach, the cecum in the pelvis, the "V" shaped colon, the elongated or "C" shaped sigmoid may and undoubtedly do predispose to stagnation and stasis of contents, but an individual may have all these organs in these supposedly abnormal positions and yet remain in perfect health.

Constipation is the rule, however, in such people, and in many it is absolutely incurable because of changes in the intestine to such a degree that the peristalsis is too feeble to overcome the stasis. Under conditions of stasis all sorts of pathology may arise, morbidity at least. Many pathologists of note seem to foresee a complete revolution in our pathology in a few years for they contend that intestinal stasis may give rise to almost all the ills of human life. They are able to trace almost every derangement of any organ in the body to interference with the onward passage of the intestinal contents when that stasis is once confirmed. The contents tarry too long in the colon, they undergo chemical changes there, the bowel wall becomes infected, toxines of all known and unknown kinds get into the blood and produce disease or rather lessen the resistance of the tissues of the body until the individual is a ready victim to all the diseases and to all the degenerations. All of which may or may not be true as the future will reveal.

It is well known to all of you that most of these people can and do become cured by proper treatment and sensible living, leaving, however, a certain group to go over to the surgeons. Operative measures may restore to health and vigor many patients otherwise wholly and utterly incurable. Here is where I want to cite some instances coming under my own direct observation. Understand, I am not attempting to explain the phenomena at this time. I am not making an argument. I am merely telling you.

Case I. Seven years ago next month a lady then forty-five years old, was brought to me by Dr. Wooden. She had perforative, gangrenous appendicitis. The appendix was found at operation to be buried in a mass of adhesions that seemed to bind down the lower ileum and cecum almost to complete obstruction. Now what I want to tell you is that this woman was a confirmed epileptic, habitually, wholly and incurably constipated. Her color was sallow, her digestion poor, her tongue coated always and her breath had an odor impossible to describe. For seventeen years she had had a group of epileptic spasms every little while, and in that time had spent a small fortune in search of a cure. That is now seven years ago and she has never had a spasm since June 7, 1907, nor been at all constipated. My view is that this woman had a toxic epilepsy, and that setting free the intestine cured the stasis that gave rise to it. (Attest Dr. E. I. Wooden, Rushville, Ind.)

Case II. A woman aged forty-two had

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had an abdominal hysterectomy six years before coming under the observation of Dr. Humes, of Indianapolis. For four years she had had constipation, headache and vomiting until at last the headache was constant, she vomited every day, and it became all but impossible to move her bowels at all. The X-ray picture showed a "V" shaped transverse colon with marked stasis. At operation I found the colon bound down and held down by an omental adhesion to the scar of the laparotomy of six years before. This now was purely and wholly mechanical stasis and I am informed by men of extensive operative experience that about ten per cent. of cases are either post-operative or at least post-inflammatory. We relieved the obstruction and stasis by freeing the adhesions and suspending the colon across the abdomen, and so far as I have heard, the patient is well. (Attest Dr. C. D. Humes, Indianapolis.)

Case III. A man thirty years old has tuberculosis. For some years has had gradually increasing difficulty in moving his bowels and for a year has resorted almost daily to stomach lavage to keep from vomiting. He is emaciated to a marked degree. He desired operative work for his constipation and vomiting. The X-ray showed marked stomach stasis and evidence of duodenal adhesions. I operated on this man on November 2, 1912, and notwithstanding a sacral abscess one year later, that terminated in bone necrosis, he has put on flesh and strength. His constitpation is cured; he never vomits and can eat all he wants. The tubercle bacilli have disappeared. His name is Ed. Burke and he is a patient of Dr. Lampton, of Milroy.

"Post hoc" or "propter hoc," take either view you like, but the facts are as stated. The microscopic findings were from the laboratory of the State board of health.

Case IV. A Sister of Charity thirty-five years old. Examined by Dr. Ed. Clark. Bismuth radiograph by Dr. Cole. "V" shaped transverse colon, ptosis of stomach, delayed peristalsis in stomach and colon, no delay at cecum or sigmoid. Pain and vomiting after eating. Gaseous distention of stomach and intestines. She is melancholy, depressed, dispeptic, and has painful menstruation, loss of flesh and coated tongue. A picture of resigned, patient suffering. An animated sanctimonious cesspool. After operation she has put on flesh and strength, has a good color, eats and sleeps well, still vomits at rare intervals, is more or less neurasthenic, and so proud of her operation of a year ago that she is just pining to break into another hospital.

Case V. An unmarried lady forty years old. Since childhood had always suffered from constipation. Came to me seeking relief from backache, weakness, loss of appetite, coated tongue, dizziness, lassitude, bloating after eating, cardiac palpitation, insomnia, depression of spirits, bad taste and almost everything else. In this case the X-ray findings showed colonic stasis in the transverse colon which was prolapsed into the pelvis with the stomach below the umbilicus. Following a colon suspension operation, her bowels moved easily enough, her appetite is good, her insomnia cured, and she has put on weight. She looks and feels much better, but I cannot report her to you as a strikingly successful result, although it is now a year and a half after her operation.

Note.—May 20th. Since writing the above, I have seen this patient and she is decidedly improved. Attest Dr. Jno. Sipe, Carthage, Ind.)

Case VI. A young lady of twenty-five, with right sided pain and tenderness, and constipation of a very obstinate type. This patient is thin, appears poorly nourished, and vomits at frequent intervals. Right kidney ptosis. Diagnosis chronic appendicitis. Operation of kidney fixation and abdominal section. There was atrophy of the appendix, certainly no appendicitis, but the cecum was a large, white pouch with very thin walls, which I found in the pelvis. Bands or membranes springing from the pelvic wall bound down the lower part of the ascending colon and obstructed the intes-

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tinal flow. This patient recovered promptly and has greatly improved from all her symptoms.

Such a condition is not at all uncommon, and until I am better informed, will hold the opinion that the condition is secondary to and a result of previous appendicitis, or if you will, the accompanying or after effects of the so-called appendicitis obliterans of the older pathologists.

Case VII. I show you here the X-ray picture of a case of redundant sigmoid or elongation of the meso-sigmoid, or "C" shaped sigmoid, or any other name you like better. This woman is thirty-five, the mother of one child four years old. Patient came to me seeking relief from a left side pain which she had had since her confinement. Some constipation all her life. Cannot recall ever having had a movement of the bowels in four years without taking something. She is weak, pale, anemic, listless, suffering. She looks an invalid if ever you saw one. Dr. Green and Dr. Cole will both agree.

She required plastic work at cervix and perineum, prolapsed ovary on left side. Abdomen opened in left semilunar line. I wish you could have seen this sigmoid. I could draw it out clear across the abdomen. This patient is still in bed in my hospital. It is too soon to tell the result of shortening the meso-sigmoid, but this much I can tell you, her bowels are easily moved by a simple rectal enema. I am not reporting this yet as a result of operation, but telling you the findings and showing you the picture.

Cases VIII. and IX. They were both neurasthenic patients and a full detail of their medical histories would take half a day. I operated upon both these against my better judgment, and with very little benefit to either. One was the wife of an osteopathic practitioner, the other a patient of Dr. Wynn, of Indianapolis. Both had gastroptosis and enteroptosis and both had colonic stasis. One had been bedfast for nearly four years. Chronic arthritis affected the knees, elbows and wrists of one of them. Singularly enough both of them lost health suddenly after the deaths of children. What predisposing ptosis may have existed I do not know, but following the shock to their nervous systems proceeded a sudden decline in health, and in spite of treatment and travel, of hospitals and home care, of experts and empirics, of coddling and control, of Christian Science and no treatment, in spite of every "ism" and "pathy," Homeopath, Allopath, Osteopath, Faith Cure, "great city physician or poor country doctor;" in spite of all these they are poor miserable museums of pathology, so poisoned by the faulty chemistry of their systems that they are confirmed sick people. I do not see what can be done for such people, for they are invalids today, they will be invalids tomorrow, and when Gabriel blows his trumpet in the great day of judgment they will rise from their graves as invalids.

Both of these were benefited, however, in this, that the constipation was greatly improved, elimination by intestinal drainage was established. They both put on flesh and weight—I did not say strength. Both were relieved from a tormenting bladder irritation. In many ways many of their symptoms were decidedly changed for the better.

Now I think I have at least succeeded in proving to you one thing, and that is that my own individual operative experience has been limited. As to the causes you all know, yourselves, that one of the causes, yes, the very first cause of this loss of motility in the alimentary canal comes from overloading it. It begins in childhood. We begin at the very first of life to stuff ourselves, and then most people spend a very considerable portion of their time and energy trying to get rid of the waste. One-third the space and half the business of any drug store is occupied with bowel moving medicines. Every surgical instrument house and department store has bargain sales of bowel moving machinery. No health resort prospers for a minute unless it has special and widely advertised

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facilities for speed and safety in soliciting sewerage. "I do solemnly protest against the teaching of the family newspaper that in order to have a good complexion and sweet thoughts you have to invest good money in somebody's early risers or 'Bully Bilious Boluses.'"

Here is a literary doctor who tells us that the pill habit grows and grows. One pill is enough at first, but two are soon required where only one grew before; then three are demanded. For why? The man's hold has been stored with such a miscellaneous cargo that nature stops perplexed; the stomach sours; the liver lags; kidneys kick; bilge accumulates and all hands are piped to pump ship. The patient goes into dry dock, eminent specialists are consulted to tell him he has cancer, ulcer, appendicitis, tape worm, tuberculosis of the bowel and Bright's disease.

Or will you have more science and less satire? Here is one from a medical doctor. "When abdominal viscera begin to sag, interference is caused with the normal motility of the enteron. It's various microbic hordes proceed to develop out of normal proportions when they are not moved on. A vicious cycle then appears. Poisons which are absorbed out of proportion to the metabolizing power of the individual exert injurious influence upon the ductless glands, which in turn leads to a morbid production of the hormones which regulate the functions of the secreting glands. Poisons are of three chief sorts: (1) toxins which are bi-products of bacterial action; (2) protein poisons resulting from dead bacteria; (3) poisons from improperly digested food. All three kinds of poisons exert an influence particularly under conditions of intestinal stasis in the neurasthenic group of civilized people. The diseases which appear in repose to such poisonings are legion and will increase in frequency if not in kinds, in the course of the physical decline of the nation."

Let us briefly survey the surgical answer, which is to establish proper alimentary drainage. If we are to believe the record this may be done successfully by relieving the adhesions, and shortening intestinal supports, or short-circuiting by anastomosis or amputation of the entire colon.

The severity of the entire excision of the colon requires no comment. It is a formidable procedure no matter who does it or what any one says. The short-circuiting procedure seems to be open to two objections. First—they don't short-circuit. The X-ray findings show the contents proceeding per vias naturalis and not going through the anastomotic opening at all. Second—after division of ileum and union with sigmoid or rectum there is almost always or at least often regurgitation of fecal matter into the colon. These, I think, are possibly mechanical errors which will be be overcome with better development of operative technique. Suspension operations of different kinds have able advocates.

The few cases I have reported to you were treated in the latter way, of setting free the adhesions and membranes, shortening of peritoneal supports and supporting the stomach and colon across the abdomen by securing the omentum to the abdominal wall. The results are as I have told you. Maybe they would have been better if they had been more thoroughly done, for your first work is not always your best work.

These results impress me, however, very favorably, for I am sure I have seen, and as I believe, as a direct result of the operation nine cases of constipation relieved if not permanently cured, one case of epilepsy remain well for seven years, one case of disappearance of tubercle baccilli, and increase of fifty pounds in weight, to say nothing of the disappearance, or certainly a modification of a whole host of morbid symptoms.

Finally let me remind you that there is nothing really new to all this. All others to the contrary notwithstanding, physicians are not faddists but literal followers of that doubting disciple who had to be shown; for it is thirty years ago since Glenard taught us all about

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ptosis and its consequent stasis; and it is thirteen years ago since Mr. Lane first published how he had successfully met the conditions surgically.

So let us wake up from a Rip Van Winkle sleep of thirty years and a little nap of thirteen more, and take a good long look at the map and locate ourselves, for this is Indiana, the year nineteen-fourteen: and it is a surety that either there is a great day dawning in the East or we are only foolish followers with maundering minds meandering through medical moonshine.

OPERATION FOR OVARIAN CYST IN CHILD THREE YEARS OLD. LIGATION OF THE FEMORAL ARTERY. CASE REPORT.

By Thomas C. Kennedy, M. D., Indianapolis.

From my own observation and experience as well as from a careful search of the literature, it is my opinion that the two cases about to be reported are of such rare occurrence that it is well to make them a matter of record.

Mr. L. J., age 25 years, was shot through the right thigh from a 44 Colt's revolver on the afternoon of Sept. 1, 1911.

There was a frightful hemorrhage and he was almost bloodless when taken into the office of Dr. Snyder, at Fairland, a few squares from the scene of accident.

Dr. Snyder reported that the wound was thoroughly cleansed, a compress applied and the limb snugly bandaged.

The patient seemed to be doing well except that he had a slight elevation of temperature, until the 15th day, when there was quite a severe hemorrhage, at which time I was asked to see the patient by Dr. Snyder. There was considerable oozing from the wound, and some sloughing of the tissues.

I insisted that he be brought to the city to a hospital on account of the insanitary conditions of the surroundings. This was positively refused and I declined surgical interference. Hemorrhage was in a measure controlled by packing the wound and applying a firm bandage, but in spite of this procedure hemorrhage occurred at frequent intervals.

On Sept. 22 I again saw him and he consented to go to St. Vincent's hospital. He was taken from the ambulance to the operating room and prepared for immediate operation.

Assisted by Dr. Kyte and the internes I opened the wound freely, and found a large amount of putrid clots and sloughing tissues. After thoroughly cleansing the wound I found a rupture of a muscular branch of the femoral artery which I ligated. I put a gauze drain entirely through the leg.

The drain was removed in 24 hours and the wound dressed every day. There continued to be considerable sloughing, but the patient steadily improved and seemed to be doing nicely. On Sept. 29 about 10 p. m. I was informed that my patient was having a very severe hemorrhage. Dr. Holland, of Bloomington, and Dr. J. R. Newcomb, accompanied me to the hospital. I found the patient almost exsanguinate. Fortunately, Dr. Ruddell, the house surgeon, was called immediately upon the discovery of the bleeding and with a tourniquet controlled the bleeding.

When the tourniquet was loosened there was a great gush of blood. I immediately decided that there must be a slough into the femoral artery, and replaced the tourniquet. I cut down onto the femoral and found an opening in it below the profunda femoralis.

I ligated the femoral about one inch below the bifurcation. The tissues were brought together with a few interrupted sutures and the original tract of the bullet was lightly packed with iodoform gauze. The great toe became gangrenous and had to be amputated. There was a small slough over the os calcis, but it healed in a short time. There was some edema of the foot for several weeks.

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Otherwise, the patient made an uninterrupted recovery and has full use of the leg. I would add that one authority states that in cases of ligation of the femoral artery, gangrene results in from 80 to 90 per cent.

Case 2. I was called April 21, 1913, to see P., age 3 years, 11 months and 1 day. She was taken suddenly ill the day before, with nausea, vomiting pain in the abdomen. Drs. Samuel Kennedy and W. C. McFadden were called.

Upon examination they found a large mass in the left hypochondriac region. After a few hours the vomiting was stopped, but the nausea continued. Efforts to move the bowels were unsuccessful.

I saw the patient about 24 hours after the first attack of pain. I found a palpable tumor in the region of the splenic flexure of the colon.

From the history of the cases and the objective symptoms I believed she had an intestinal obstruction.

Immediate operation was decided upon, and we proceeded to do it in the home. Upon opening the abdomen I found a simple ovarian cyst with a long twisted pedicle. Owing to location of the tumor, and the age of the patient, I failed to make a diagnosis of ovarian cyst. The tumor was slightly larger than a goose egg. She made a rapid and uneventful recovery.

The case is of interest on account of the age of the patient. With the exception of a case reported by Power (Ovarian cyst successfully removed from a child four months. Tr. Path. Soc. London, 1897-8, XLIX, 186-187). I have not been able to find a case in which an ovarian cyst was removed in so young a child.

I have found several recorded cases in children from 9 to 15 years of age. Keen reported a case in which an ovarian tumor weighing 111 lbs. removed from a child of 15, whose weight was 68 lbs. (Coll & Clin. Record., Phil., 1893, XIV, 134-136.)

POST-OPERATIVE GANGRENE OF ABDOMINAL MUSCLES, RESULTING IN EROSION OF DEEP EPIGASTRIC ARTERY, DUE TO COLON BACILLUS INFECTION.

By A. S. Jaeger, M. D., Indianapolis, Attending Obstetric Surgeon, Indianapolis City Hospital; Attendant in Gynecology and Abdominal Surgery Protestant Deaconess Hospital.

Mr. B. T., patient of Dr. N. Stern, Indianapolis, Ind., is 32 years old, single. Has cleft palate, and some upper teeth missing, those remaining are in bad condition.

Family history negative. Previous personal history unimportant. Gives history of slight digestive disturbances, probably due to condition of mouth and teeth. Negative as regards acknowledgment of lues or gonorrhea. Present history: was taken sick Feb. 24, 1914; pain in right side, nausea and diarrhea. Did not call physician until Friday night, Feb. 27th. Dr. Stern diagnosed the condition as appendicitis and urged operation, to which patient refused to submit. For three days following until March 2, 1914, had chills at intervals; oral temperature varying from 99 to 102 degrees. No bowel movement from Friday the 27th until Monday, March 2d, when a large dose of oil of albolene was given, which six or eight hours later caused a slight oily brown evacuation. As far as can be ascertained, this did not contain mucus, blood or pus.

Patient would not consent to consultation until 7 p. m. of Monday evening, March 2d, at which time I saw him with Dr. Stern. He appears well nourished, weight about 160 pounds. Skin leaky; facies abdominalis somewhat pro-

Read before The Indianapolis Medical Society, April 7, 1914.

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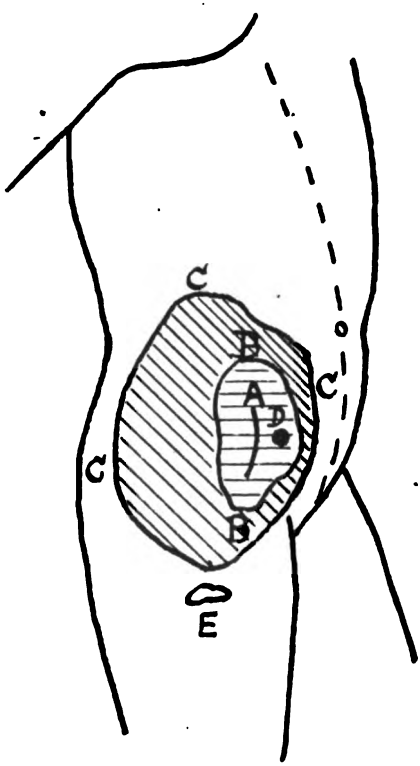
nounced. Abdomen is distended and tense. Palpation and percussion shows right abdominal muscles rigid, and dullness in the right umbilical, lumbar and inguinal regions, intensified in the lower zone. General tenderness, but very little pain. The patient does not remember passing flatus for two days. Oral temperature 101, rectal temperature 104 2-5. Pulse 110 and bounding.



a. a. Line of original incision.
b. b. Area of sloughed out integument and exposed tissue.
c. c. c. c. Area of sloughed musculature.
d. Point of erosion of Deep Epigastric Artery.
e. Point of spontaneous drainage.

The tentative diagnosis was ruptured appendiceal abscess, possibly complicated with obstruction of bowel.

The man was operated on at the Deaconess hospital 11 p. m., March 2. An incision about three inches in length was made parallel to the border of the right rectus, about an inch and a half lower than the classical "McBurney's point," over the area of greatest dulless. Little hemorrhage was encountered and upon reaching the cavity, there was found presenting a deeply injected omentum with many adhesions, which barred the way to further entrance.

Carefully releasing the adhesions, and tracing down the omentum, it was seen to have formed a firm ring, incarcerating a loop of bowel, which while intensely congested was still glistening and showed no gangrenous areas. It was necessary to resect the omentum to release the bowel, which was followed by a gush of foul smelling pus containing four or five concretions about the size of large peas. No attempt was made to locate the appendix. A drainage tube was introduced and the abdomen closed in the usual manner, though some difficulty was experienced in doing this on account of rigidity. The temperature throughout the post-operative period has run a somewhat variable course, the highest 104 rectal. Pulse never ran over 120, soon reducing to an average of 70 to 80.

The cavity drained a foul smelling pus which entirely ceased within ten days, tube having been gradually withdrawn. A few days following operation the odor from the wound became almost unbearable; upon the fifth day, the skin incision was opened and it was found that the subcutaneous tissue and muscle were gangrenous. A progressive sloughing of muscle followed until the greater part of the external oblique and rectus were involved; areas as large as the palm of the hand being removed daily.

On March 14, 1914, about 7 a. m., twelve and one-half days following incision, an erosion into the deep epigastric vessels occurred. Dr. O'Brien, interne at the hospital, who was immediately called, assured me there was considerable arterial hemorrhage, and showed his good judgment by not waiting for me, but proceeded at once to ligate the bleeding vessels, which he succeeded in doing after repeated attempts, due to friability of the necrotic tissue. The same day spontaneous drainage occurred about two inches anterior to the greater trochanter of the right femur.

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Examinations of pus smears up to the time the intra-abdominal discharge ceased showed a mixed infection of strepto and staphylo-cocci and many colon baccilli. After this, it seemed to be a practically pure colon infection, very few pus germs being noticed. The blood counts showed very little variation from a daily average of 16,000 polymorphs. The local condition was cared for with irrigations of normal salt solution and application of gauze pads soaked with the same, frequently changed on account of profuse discharge and horrible stench. March 17, 1914, one-half c. c. of combined vaccine, Van Cott's (Parke, Davis & Co.) was given.

March 18th. Leucocyte count 23,000.

March 19th. One c. c. Van Cott's vaccine was given.

March 20th. Leucocyte count 21,000 necrosis greatly improved.

March 22d. Leucocyte count 21,000. Pus smears shows no germs or colon bacilli. Exudate practically stopped.

March 24th. Leucocyte count 15,600.

March 25th. One c. c. Van Cott's vaccine given.

March 27th. Leucocyte count 18,000. Smears negative. No discharge whatever from wound or drainage point. Exposed area looks bright red and healthy. Beginning March 27th, wound was dressed every other day with Scarlet Red Ointment.

April 2d. Leucocyte count 9,200. Smears from exposed surface negative. No exudate whatever.

At present writing, April 6th, the the wound is clean, about one and one-half inches wide by three and a half inches long, and rapidly healing.

April 20 the wound was healed.

Being able to make but a cursory investigation of the literature on the subject, I have only come across the two cases of ulceration of the deep epigastric reported by Dr. Miles Porter, of Ft. Wayne, in the A. M. A. Journal, May 11, 1912. One occurred ten days after, and the other thirteen days after operation for septic appendicitis, in which the rectus incision had been made and drainage tubes used.

This case has given me much food for thought, and it seems to me that some lessons may be learned from it. It again proves that a grave intra-abdominal condition may be progressing, without a very alarming clinical picture until the fulgurant point is reached. It shows again what has so often been stated by some of us, that a mouth temperature cannot be relied upon in abdominal conditions, as evidenced in this case by an oral temperature of 101, and a rectal temperature of 104 2-5.

It also demonstrates that even a virulent colon infection accompanied by much local devastation does not necessarily incite a very pronounced systemic reaction. After the sixth day, the pulse was under 100, nor did the temperature rise above 103 rectal, and this only twice. It may possibly also suggest itself that the simple drainage of abdominal pus does not always remove all danger, as post-operative complications may occasionally prove extremely troublesome.

432 Newton Claypool Bldg.

SUMMER READING—BOOTH TARKINGTON'S "THE TURMOIL."

By A. W. Brayton, M. D.

What shall we read these hot summer days—good wheat and hay crop, but with the stock already fed at the crib and the corn leaves crisping under the torrid heat, with eight inches deficiency in the year's rainfall?

The medical profession is first to suffer from drought and psychological panics—for the people it is even too hot to call up the Christian Scientists and take absent treatment, much less to visit the family physician. They fold their hands and wait, referring their ailments to the summer heat and excessive humidity, and they do very well.

In the long hiatus of this Sunday's

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office hours, our next-door office mate, Dr. Charles E. Ferguson, best read and traveled of our city physicians, drops in and reads to us the first chapter of Booth Tarkington's summer novel, "The Turmoil," the scene of which is laid in his native city of Indianapolis, for Mr. Tarkington was born here the day of this writing, July, 1869, as one may see by consulting page 2,078 of "Who's Who in England and America"—a book which is mainly of the English, picking up but a few of great eminence in the United States and these chiefly politicians and authors. But Booth "gets a plenty," beginning with his "Gentleman from Indiana" in 1899, and ascending the ladder of his storied greatness to the present, and including membership in the most exclusive and desirable clubs, social and literary, at home and abroad. Probably the author is one of the best paid writers in the United States, as his friend Mr. James Whitcomb Riley, the Hoosier poet, is said to be the best recognized in a commercial way of the poets of the world.

But to the novel. It reads right along from page 327 to page 343 of the August Harper's Magazine with illustrations in color, and as frank admissions as one needs that he is writing up his own town as you can find in the novels of his fellow-townsman, Mr. Meredith Nicholson.

"A Midland city in the heart of fair, open country, a dirty and wonderful city nesting dingily in the fog of its own smoke. * * * At a breeze he must smother in whirlpools of dust—the dirt will be upon him, and within him, since he must breathe it, and he may care for no better proof that wealth is here better loved than cleanliness, but whether he cares or not, the negligently tended streets incessantly press home the point, and so do the flecked and grimy citizens." And then after portraying the greed for hasty wealth which "fouls his neighbor and his own wife and children," he recalls the town of his boyhood and college days—"a pleasant big town of neighborly people, understanding one another, and much of the same type; a leisurely and kindly place—homelike it was called—and when the visitor had been taken through the State Asylum for the Insane and made to appreciate the view of the cemetery from the little hill, his host's duty as Baedeker was done. * * * The good burghers were given to jogging comfortable about in phaetons or in surreys for a family drive on Sunday. No one was very rich; few were very poor; the air was clean, and there was time to live."

All this is now changed, "is sacrificed to the God of all good American hearts, the God of Bigness and Numbers." Then follow the names of the peoples of Central Europe—the peoples of Asia, the varied groups of the world dropped into the smelting pot of our cities; the temptation, the crime and the ruin, murder and burglary and highway robbery which makes one recall the stories and police reports in the daily papers of Indianapolis.

Because of our foul factional politics these things are upon us. "Life itself was somewhat safer than it was in medieval Rome during a factional war—though the Roman murderer was more like to pay for his deed—but death or mutilation lay in ambush at every crossing." Then follows a vivid description of the law making—the "pastime of the people; nothing pleased them more." Speed laws; anti-smoke laws. "They forbade chimneys to smoke; they forbade cigarettes to smoke." Laws for all things, and new laws that the old should be enforced—and then forgot both new and old. "Wherever enforcement threatened Money or Votes—or wherever it was too much bother—it became a joke. Influence was the law. So the place grew. And it grew strong."

Then come the characters of the story. It starts out strong and no doubt teaches a lesson which Indianapolis, with many other cities, is learning to the shame of the citizens and the disgrace of the republic—the story of increasing civic rottenness and boss government. We have observed the growth of this evil for years—almost as many as the years

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that span the stretch of Booth Tarkington's life in Indianapolis. From the days of 1877 and on, when the population was 80,000; when less than forty policemen were necessary to hold the town in perfect order; when a single revival in one church had a thousand converts; when saloons closed earlier than the theaters; the serious decades that followed the Civil War. There was economy, rather than poverty; there was a law-abiding populace; there was a justice, a righteousness and a humility that now, alas! is in great part lost to us or smothered by the effort to secure Bigness and Numbers. If Booth Tarkington's "The Turmoil," shall influence us to work for individual, for family, for neighborhood betterment and notably through these to attain our old civic decency, he will not have written in vain.

We do not look to the author as a preacher or as a Sunday-school teacher, but rather like Shakespeare in his plays, and Walter Scott in his novels, he is an artist for art's sake, and of such are the great teachers and inspirers. Nature not only

"Moulded Kings and Saviours,
But bards o'er Kings to rule."

Theirs it is to paint, or sing or write, and ours to interpret and apply. The story teller in this novel no doubt works

"For the joy of the working and in his separate star,
Has drawn the Thing as he sees It for the God of Things as they are."

But all this is the business of the novelist, Booth Tarkington, who has to answer to the public and not we ourselves —nor do we doubt his purpose or his method, nor can we forecast his story before it is complete. We will close with our old contention that the best summer reading is what you like. For reading is not the end of being or of education or of joy. Conversation is the real thing in human life. Our greatest teacher among Indiana women, the late Katharine Merrill—Demia Butler Professor of English Literature for many years in Butler College—always charged her students to gladly put away the book when friends came in—for "the book," she said, "is only a reflection of life, while conversation is life itself."

So let us have a good fellow with us on our vacation, that we may talk in the late twilight as we float the river, or press on through green woods and fields, some one worth while. If of our own blood as with Thoreau and his brother on the Concord river—that is well, but not important. Let it be some one who has read or at least can think and feel.

The writer was one of the first party that ever spent a week together in Yellowstone National Park. There were forty editors. Among them Horace Rublee, of the Milwaukee Sentinel; the late Mr. Browne, editor of the Chicago Dial, and Oscar McCulloch, pastor of the Congregational church in Indianapolis. These three men could reproduce almost any choice bit of English poetry one might ask for. The writer had with him a copy of Emerson's poems, and also the first edition of James Whitcomb Riley's "Old Swimmin' Hole and 'Leven More Poems." In the copy of Emerson are the autographs of all these wise and joyous companions, and the poems of Riley were, with the poems of Emerson, the delight of many golden hours. But it was the conversation of these gifted men which makes the treasured little books even more precious. It was of that depth and dignity which attaches to the Dialogues of Plato, or the Imaginary Conversations of Landor, who trod the far Eastern highlands of thought and learning for over sixty years of study and writing.

For those who may not recall the lineaments of Booth Tarkington, we may suggest the portrait in the July Metropolitan, from the painting by Weyman Adams. Perish the thought that for a moment it ever occurred to Mr. Tarkington that he was taking the pose of Sir Walter Scott as he sat for his portrait. Certainly the cigarette Mr. Tarkington holds fumblingly in his bunched-up fingers grasping the handle

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of his cane, his head projecting between his humped-up shoulders, is not of the times or customs of the great novelist; but still there is something in the Adams portrait that, in the reproduction at least, recalls strongly the portrait of Sir Walter.

Dr. John Brown, in his "Marjorie Fleming," describes Scott, at the time that "Pet Marjorie" was more to him than the novels he was writing. "He was a stout, blunt carle (as he says of himself) with the swing and stride and the eye of a man of the hills—a large, sunny, out-of-door air all about him. On his broad and stooping shoulders was set that head which, with Shakespeare's and Bonaparte's, is the best known in all the world." We do not compare the two writers; but the similarity in pose is worthy of mention.

All story tellers are great to the present writer, who only timidly records the passing expression and incident as he is guided or impelled by the fancy of the hour. But he need make no excuse for calling attention to the moral appeal which "The Turmoil" makes by its portrayal of the present phases of American life.

WHAT NEXT IN MEXICO?

"The real issue in Mexico," says the New York World, "is agrarian. There is nothing for the peon. He is systematically robbed of the fruits of his labor, and only his rags can he call his own." This is true, but it requires some qualification. The peon is not continually robbed of the fruits of his labor, as often the fruits of his labor are wanting, and if it is only his rags that he can call his own, this is not entirely due to a system of feudalism, but to a moral deficiency on the part of the peon himself. What Mexico needs is a reformation of the social system. The country has only two classes, rich and poor. The rich have an inherited contempt for manual labor and a class contempt for the poor. For generations the Indian and half-Indian classes have been held in this social scorn, which dates back to the days of Cortez. Mexico can never be other than it is today until the social system has been purified, until the governing and employing classes come not to despise labor but to honor it, and until the submerged millions are roused from a mental and physical lethargy which looks no farther ahead than the next meal.—The News.

GREEK MEETS GREEK.

A certain college professor, who writes a Horace-Greeley hand, tells this story at his own expense. He had written a marginal comment on one of the student's themes, and shortly afterward the student came to him and said:

"Professor C——, I was unable to read what you wrote on my paper, and my parents also could not decipher it. I then called on my uncle, a lawyer, and he finally managed to read it for me."

This is what the professor had written: "Your penmanship is scarcely legible."—August Lippincott's.

CULEBRA CUT—GAILLARD CUT.

Washington, June 22.—A proposal to rename Culebra cut, Gaillard cut, in honor of Colonel David Du B. Gaillard, the army engineer who chained the foot of the mountain there and by his untiring devotion to duty contracted a malady which caused his death, was laid before President Wilson today by Representative Finley, of South Carolina. Mr. Finley said the president instantly approved of the plan.

This is as it should be. The canal will for long be known in connection with President Roosevelt, who decided for the Panama route instead of the Central American route. It was the greatest accomplishment of his presidency. Roosevelt pulled the trigger, the United States paid the bill.

ON TIME.

Here is a definition that
Is novel, I declare:
Time is the silent barber who
Mows off a fellow's hair
—August Lippincott's.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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90 PER CENT. TUBERCULAR.

Nearly all human beings harbor tubercular germs, Sir William Osler, formerly of Johns Hopkins university, now regius professor of medicine at Oxford, told his audience at the conference of the Association for the Prevention of Consumption on July 10:

"Let me give you a shock," the speaker said, by way of warning. "Tuberculosis may be put into three groups. All of us who are here come in the first. If I had an instrument here with which I could look into the chest or the abdomen of each of you the probability is that in 90 per cent. of you would be found somewhere a small area of tuberculosis. So widespread is the bacillus that practically all humans, by the time they become adults, harbor the germ of the disease.

"Why don't we die° Because we are not guinea pigs or rabbits. We have obtained a certain immunity. But the germ is in us, although negative, and with all of us there is the possibility of slipping into the two other groups.

"The second group comprises those in whom the disease is active enough to produce symptoms, but in whom there is the possibility of arrest or cure with restoration of working health. Those in the third group are doomed. The disease progresses week by week, month by month, year by year, and from one year to five sees the end.

"When workers have living wages, when the house becomes the home, when the nation spends on food what it now spends on drink, then, instead of hundreds of thousands, there will be millions in the first group, with practically continued immunity. The enemy has been tracked to its stronghold, which is defended by the three allies—poverty, bad housing and drink."

For five years Dr. A. W. Brayton at intervals has expressed this idea in his medical missionary sermons published in this journal. In fact it became a slogan that only 10 per cent. of us are free from tuberculosis.

Not a few accepted it as an exaggeration and at least thought it should be taken with a grain of salt. Such persons now owe Dr. Brayton an apology. Such statements seem astounding when our attention is called to the fact, but the encouragement is great when we recognize that thousands have recovered from the disease. I have noticed quite frequently at the City Hospital and elsewhere during an autopsy evidence of healed tuberculosis. The campaign of education is accomplishing wonderful results, and the campaign is still on with fervor. The work must continue

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and increased energy must be shown in preventive medicine. The truthfulness of this idea is shown by the statistics collected in Indiana for June. There were 327 deaths from tuberculosis.

Tuberculosis maintains its place as captain of the men of death. Most of those affected were in the active and useful period of life. Of those dead from tuberculosis in the age period of eighteen to forty, twenty-five were males. They left 102 orphans under twelve years of age. Total number of orphans caused by tuberculosis in one month, 152.

This means that the fight against tuberculosis must continue with increased vigor and preventive medicine will largely share the glory. S. E. EARP.

THE TREATMENT OF CHOREA.

To find method of treatment which is generally successful in the treatment of chorea therapeutic resources have almost been exhausted. Doubtless when we have in mind Huntington's chorea or even Sydenham's, there is a possibility of being misled by habit spasm, tic, localized myospasms, and we should not forget spasmodic torticollis, the so-called electric chorea or the face spasm so frequently the consequent to Bell's palsy. A familiarity with these conditions may ward off error and yet some of the best diagnosticians fail.

Perhaps we should not have included the form known as Huntington's in the category, because we call to mind in making a diagnosis, that it is hereditary, occurs between the ages of thirty and forty and there is a history to help. It first shows in the upper extremities, then elsewhere, as the muscles of the trunk, face and head. The movements are more extensive than in Sydenham's chorea and in the gait there are strides and haltings, furthermore the heart is usually unaffected. Mental symptoms are often pronounced and seclusion is sought. We frequently hear given to it the name dementia choreica. The symptoms of Sydenham's chorea are so familiar to most of us that a diagnosis seems simple, and no doubt it has been those of inexperience who have had the least number of mistakes to their credit on account of the lack of opportunity. The recognition of endocarditis, tonsilitis and certain other infections in a case of chorea may show the relationship between it and rheumatism. In fact the name rheumatic chorea, is sometimes applied to it. Some of these cases respond to treatment quickly. A careful study of the etiology and pathology is the only means of avoiding error, even if the pathology be vague. Haphazard treatment following a snap diagnosis, will frequently be unsuccessful.

The injection into the spinal canal of a solution of epsom salt, I believe, has but little merit. Rest by the use of hypnotics has given good results in many cases, especially when bromide of sodium is used as an adjuvant. I have used choralamid, sulphonal and trional, but none of these equal hydrate of chloral, if the heart does not contraindicate its use. Few are loath to abandon Fowler's solution of arsenic in increasing doses, then drop back to the minimum and increase again. However, in the use of arsenic the kidneys must be normal and watched carefully for any lesion during the administration of this agent. Again a neuritis may result from the use of arsenic. If there is evidence of anemia and tonics are indicated, iron and nux vomica head the list. Now and then quinine and salicylate of sodium when there is an infective process, especially the so-called acute articular rheumatism The coal-tar products are not always interdicted. There has been too much abuse concerning them. Opium will always have its followers. No matter what the remedy, failure will follow unless all forms of excitement are excluded and the patient has perfect rest in bed. It is true that Huntington's chorea is in reality an incurable disease, it is long continued and may have a duration of thirty years and since we know but little if anything definite about its pathology, why should we not be almost helpless

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relative to its treatment. Empiricism now and then comes to our rescue and later we find a scientific basis, but thus far it has furnished nothing in this form of chorea. In Sydenham's chorea we do get good results, but it is necessary to carefully outline an appropriate diet.

I remember when Dr. J. A. Sutcliffe was in general practice twenty-five years ago, he used large doses of strychnia in the treatment of chorea. He was the only one, so far as I remember, in Indianapolis, who relied solely on strychnia. I was reminded of this fact when I saw an abstract in the New York Medical Journal for July 18, 1914, on the treatment of chorea.

Lesage, in Journal de Medecine de Paris for October 18, 1913, is stated to have emphasized the importance of correcting hepatic and gastric disturbances in chorea. Wherever the bowel movements exhibit a tendency to irregularity, the skin is sallow, and gastric distention exists, the following treatment should be instituted: 1. For a period of three days, a small glassful of olive oil is to be ingested on an empty stomach in the morning. 2. For the next three days, 1-24 grain (0.0025 gram) of calomel is to be taken daily. 3. One glassful of lukewarm Vichy water before the noonday meal. 4. A slice of bread covered with sulphur and honey. 5. Sodium salicylate in the dose of three to five grains (0.2 to 0.3 gram). During this period of fifteen days a reduction in the diet should also be made.

Collin asserts that he has had definitely favorable results in some forms of chorea by the administration of ascending doses of strychnine, as originally advised by Trousseau and Hammond. The solution used is as follows:

R Strychninae sulphatis,

gr. iss (0.1 gram)

Aquae distillate____ounce 1 (30 gram)

Fiat solutio.

To a child ten to fifteen years old, five drops of the solution are given three times daily in the beginning. The dose is then increased by one drop each day until the first suggestion of muscular rigidity is detected. This treatment is suited only for the cases with subnormal muscular tone and diminished power in the limb or limbs affected.

S. E. EARP.

CALCIUM IN HEMORRHAGE.

Calcium not only enhances the coagulating power of the blood, but also renders morbidly permeable vessel walls less permeable. The latter effect is strikingly evident in hemorrhagic affections, such as scorbutus. This hemostatic effect can be anticipated only in case of bleeding by diapedesis. The absorption of calcium salts, moreover, depends on a variety of factors, especially on good gastric secretion and on the absence of fermentation acids in the intestine.

The author detected the abnormal permeability of the vessels responsible for the rebellious hemorrhages of scurvy in one case by applying a cupping glass for five minutes. The vacuum glass drew blood as before after two weeks of treatment by the ordinary measures. The author then gave the patient 3 gm. a day of calcium lactate for five days, after which the cupping glass no longer drew blood, and complete recovery followed after three weeks of the same treatment.

The author also found calcium lactate useful in two cases of iodine poisoning from a course of potassium iodide. A further useful application is in curing the cutaneous manifestations of anaphylaxis. In pleurisy with effusion the fact that the calcium renders the vessel walls less pervious has an unfavorable side, as this checks absorption. Its use is indicated, therefore, only when the effusion constantly recurs after puncture. When the walls of the pleura are severely modified by chronic inflammation, calcium has no effect. Animals develop cachexia when given calcium salts over a long period. In 15 cases of hemorrhagic nephritis the results of calcium medication were inconstant, and in some the condition was aggravated. Von den Velden (Therapeutische Monatshefte, Monthly Cyclopedia of Medicine).

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Some years ago I published a report of the use of calcium chloride in the treatment of hemorrhage of the bowel in typhoid fever. Some of the patients were at the Indianapolis City Hospital when Dr. N. E. Jobes was superintendent. These were the first. It was used by the mouth and by enema. This agent has been used by me at the hospital more recently. The results were good. In several cases of bleeding of the gums I have used the lactate. In a patient with obstinate epistaxis Jan., 1914, when I failed to get any favorable returns from the use of the usual agents, including nasal tampon saturated with Monsel's solution, the lactate of calcium relieved the condition. This remedy was used at four periods, in the same patient for the same condition, at intervals of several weeks, and always with success. In this case it was used in capsule form.

In a case of pulmonary hemorrhage which I saw with Dr. T. W. DeHass, the result was only partially favorable. Later all medication failed and the patient died, I am told, from hemorrhage. There would be a subsidence for a few hours only. In a case of this form of hemorrhage in October, 1913, and one in Jan., 1914, the hemorrhage was stopped by the use of lactate of calcium. At least I gave this agent the credit. S. E. EARP.

INDIANA VETERINARY COLLEGE.

The twenty-third annual announcement of the Indiana Veterinary College is printed in clouded marbled paper with gilt lettering. The print and illustrations are in brown, by the new "rotogravure" process which gives the wondrously clean half-tone effects used in the illustrated editions of the New York Sunday Times, the Sunday Phidalephia Ledger and for art work in recent magazines. The announcement is neat as wax, and is a credit to this school, which is one of the best in the country.

Its officers are Dr. Geo. H. Roberts, president; Dr. Joseph W. Klotz, vice-president; Dr. Wm. B. Craig, M. D. (of Indiana University School), and Dean of Faculty; and the veteran of perseverance and organization, Mr. Fred Mueller, Ph. S. V. S., secretary and treasurer.

On special subjects we notice several of our teaching Indianapolis physicians. Dr. Alfred S. Jaeger has Comparative Pathology, Histology and Embryology, and is one of the best teachers and discussants of medical subjects in our Indianapolis medical society. Dr. John D. McLeay, M. D., V. M., has Pathology and Bacteriology; Dr. Walter N. Sharp, eminent and kind, and much loved in our medical circle, teaches Ophthalmology, and there are special lecturers, Prof. Allen in stock judging; R. A. Craig, in infectious diseases; W. W. Smith, feeds and breeds. These are all from Purdue University.

With a restricted and well selected faculty, but covering all the branches, this school has paid for its fine buildings on Market and Davidson streets, and has been able to pay its professors well for their services. Its stock is high priced and owned mainly by the originators and professors.

Its buildings are ample and its laboratories more extended and efficient than those of any other medical school in the city.

The writer has always been friendly to this school. It is "humanitarian," although dedicated in its work to the lower animals; primarily in the interests of that greatest friend and advancer of civilization, equs caballus of Linnaeus.

Huxley remarked in a speech on the acquisitions of modern science (he never saw an automobile or an airship) that his parents had no better or faster means of locomotion than the Heroes of Homer, "the fleet hoof of the horse and the winged ship." And it is the horse which still takes the lead in the veterinary college nomenclature, and why "veterinary" we may ask.

Etymologically that is easy with the great dictionaries of the present year at hand. We have the new "Century," the new English Encyclopedia, old Webster —prince of definers was Dr. Webster— and the great dictionary by Funk & Wagnalls. America has set the pace for Eng-

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lish dictionaries for nearly one hundred years, and in the old "Webster" of 1828 to 1843 one may find that "veterinary" is from the Latin vetus, old, and this is akin to the Greek for year. Hence we get the idea of time and experience, which comes with the years—long practice in anything, as the duties of a soldier, and horsemanship and care.

Through the teutonic descent we trace the "Wether;" the old ram; originally an yearling, but now meaning a castrated ram. But the primary idea of veterinary attaches to the horse or the colt stage passed and the steed of the soldier on the support of a business or a family, and hence the vernacular remains in the common speech as "horse doctor," often more regarded by the pioneer community as more important than the "family doctor," and even now so by those who think of their wives as "something better than their dog but less worthy of care than their horse."

But we wander—this tangential excursion from our subject may, however, add to the satisfaction of the men who have built up this humble dispensary for dumb animals into a great college doing the highest kind of veterinary teaching, and supporting all the work of the state and national leaders in their attempt to enrich the country, and establish the relationship of biology and the prevention of the diseases common to both men and animals.

Indianapolis is proud of its veterinary college. The writer has made addresses before the college on various occasions; he has watched the growth of the school from the beginning. He has known all its great teachers and advisers. The work is the same as in the medical profession—the alleviation of and the promotion of the welfare of all living things, brute and human. A. W. B.

TREATMENT FOR RINGWORM.

In the treatment of ringworm success has in certain cases followed the use of some mercurial, acetic acid and aluminum, copper, formalin, sulphur ointment, salicylic acid, hyposulphite of sodium and even the X-rays did not escape; yet with all of these iodine was the pioneer. Now comes for inspection a title, a new treatment for ringworm. This appears in Monthly Cyclopedia and Medical Bulletin for July. While iodine is used, there is a change in method and perhaps ethyl chloride aids and abets. According to C. H. Foley in the Lancet, the following treatment has been found by him to be rapidly curative:

The part being first washed with a strong solution of sodium bicarbonate, it is next swabbed with a piece of lint moistened with spiritus aetheris (1 part of ether to 2 parts of alcohol) to remove the grease. It is next dried, painted with tincture of iodine (B. P., 2.5 per cent. of iodine) and an ethyl chloride spray immediately applied. It is best to work with a pair of ethyl chloride tubes in each hand, thus covering a larger area in quicker time. The deeper the disease process, the longer the spray must be applied. The spray is continued until the integument gets china white. In from twenty-four to forty-eight hours the patch of ringworm has become quiescent. Next tiny spots should be looked for and treated in a similar manner, when they will also disappear in from a few days to a week. In ringworm of the scalp three or four applications of iodine and spray are required, but on the face or smooth surfaces one application suffices. The author has succeeded in curing ringworm of months' standing in one week by this method, and it has never failed him. S. E. EARP.

TINCTURE OF IODINE AND ICHTHYOL IN THE TREATMENT OF FURUNCLES.

M. Berger details this method of treatment as follows: In the case of soft furuncles, these are painted with tincture of iodine, and then covered with a 10 per cent. ichthyol ointment. When pointing occurs the pus is evacuated and the surrounding skin is cleansed with benzine in order that fatty substances may be removed. The tincture of iodine is again painted on and the ichthyol oint-

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ment is again applied. As soon as suppuration has ceased the use of the iodine is discontinued, and applications of pure ichthyol are now made. Finally, if an extensive raw surface is left, the following ointment should be applied:

℞ Nitrate of silver, 1 gram.
Balsam of Peru, 5 grams.
Lanolin, 100 grams.

The above note is going the rounds of the medical journals. No doubt it will cure boils. But so will an autogenous or mixed vaccine. The great value of iodine is shown in the treatment of sporotrichosis, of which the writer has seen five cases within a year. It is a disease of world-wide occurrence and may be confounded with boils. Like actinomycosis and blastomycosis, sporotrichosis readily yields to an ounce a week solution of potassium iodide and the use of pure iodide on the ulcers, followed by 2 per cent. iodine tincture as a wash.

A. W. B.

LOOK BEFORE YOU LEAP.

Some time since a committee was appointed by Dr. Thomas Eastman, president of the Indianapolis Medical Society, for the purpose of devising means by which the society might own its own building. We have full confidence in the members of the committee, but caution is a good word under such circumstances. As evidence of this we reproduce an editorial from the Southern California Practitioner for July, 1914. It is as follows:

MEDICAL BUILDING STING.

Possibly some of the members of the profession will remember being practically coerced into buying stock for a "Medical Building" in Los Angeles. In this connection, we have just received the following communication, addressed to a member of the profession in this city:

July 1, 1914.

Dear Sir—On November 20, 1912, the Medical Building Corporation became indebted to the Los Angeles Trust & Savings Bank of this city in the sum of $35,000. At the present time there remains unpaid on said note the sum of $27,472.50. This obligation has been assigned to Gail Wehrle for the purpose of collecting the same against the stockholders on their stockholders' liability as provided by Section 322 of the Civil Code of California. The amount owing by you on account of this obligation is the sum of $——. Unless the same is paid immediately, an action will be commenced to collect the same.

Very truly yours,
HICKCOX & CRENSHAW,
Per L. O. Crenshaw.

How interesting! There are a few things we would like to know before drawing our check. Incidentally, our attorney tells us that it will not be necessary to draw a check, notwithstanding this demand to pay "immediately." We never did like to be pushed, you know. If there are any other physicians who have received a similar notice, we would like to hear from them.

FIRST PRINTED BOOK.

The first printed book in the English language has, it is said, gone into the hands of a collector, who bought it for an American patron. This is one of the collection of the duke of Devonshire, who recently sold his library of rare books for $1,000,000. Among these books were twenty-six volumes of Caxton, the earliest of printers in England. This first book printed in the English language belonged to Elizabeth Grey, queen of Edward IV, and was probably, says J. F. Blacker, the English expert in curios, printed in Bruges. It bears the title, "Remyell of the Hystoryes of Troye," 1472-4, "Remyell" being a printer's error for "Recuyell," old French, meaning a collection.

Governor Ralston, of Indiana, is alarmed at the increase of insanity in this State. He is seeking a remedy. To this end he has called into consultation Dr. Chas. P. Emerson, dean of the Indiana University School of Medicine, and Amos Butler, Secretary of the State Board of Charities. In hunting a means for prevention he will ask the legislature to appoint a committee of inquiry.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators

SOME RECENT WORK ON HODGKIN'S DISEASE.

Recently there have appeared in the current medical literature writings from several workers who report the cultivation of an organism from the glands of patients suffering with Hodgkin's disease.

Negri and Meiremet[1] report results from two such cases; Bunting and Yates[2] obtained cultures from four cases and observed the organism in smears from three other cases; Billings and Rosenau[3] report their successful cultivation in twelve cases.

Through the kindness of Dr. Parham, I had an opportunity to attempt its cultivation several weeks ago from a case operated upon at Touro Infirmary. I folfowed the technic as described by Rosenau and on one tube obtained a single colony of an organism which was of the same morphological appearance as described by all the writers. I transplanted to a number of tubes, but have failed to obtain any visible growths on these transplants. However, stained smears from other original tubes showed the presence of organisms and I am still in hopes of obtaining a luxuriant growth.

The organism as described by Bunting[4] is a "non-acid fast Gram positive bacillus, which is extremely pleomorphic, occurring as plump, short rods resembling cocco-bacilli, small thin bacilli with polar staining, comma-shaped bacilli, granular rods of various sizes and often of considerable length, branches forms and involution forms; it is distinctly diphtheroid in its general characteristics." The name given by Bunting is Corynebacterium Hodgkini, while Negri and Meiremet[5] prefer the name Corynebacterium granulomatis maligni. This organism answers description of those obtained on smears after treatment of glands of Hodgkin's disease with antiformin, by Frankel and Much[6].

In confirmation of this organism being the etiological factor in Hodgkin's disease, Bunting[7] reports the reproduction of clinical Hodgkin's disease in a Macacus Rhesus monkey by inoculating into the axilla a suspension of the growth and the subsequent cultivation from the lymph nodes of an organism of the same type as injected. These nodes showed the same histological picture as is seen in glands from human patients. In further confirmation Billings and Rosenau[8] have treated a number of their cases with a vaccine prepared from these organisms and report improvement in six cases and apparent cure in one case.

My work has not advanced far enough for me to report any of my experiences, but I trust to be able to report something more at a subsequent meeting.

[1]Negri and Meiremet. Centralbl. f. Bakteriol, orig. 1913, LXVIII, 292.

[2]Culture Results in Hodgkin's Disease. Arch. Int. Med., August, 1913, p. 236.

[3]The Etiology and Vaccine Treatment of Hodgkin's Disease. Jour. A. M. A., December 13, 1913.

[4]See Note 2.

[5]See Note 1.

[6]Frankel and Much. Ztschr. f. hyg., 1910, LXVII, 159.

[7]An Etiologic Study of Hodgkin's Disease. Jour. A. M. A., November 15, 1913.

[8]See Note 3.

—Reported by John A. Langford in the New Orleans Medical and Surgical Journal.

METHYLENE BLUE.

To determine the value of methylene blue as a cure for malaria a comparative study of this and quinin was made by J. T. Moore and W. L. Allison. A series of twenty cases was experimented with, ten being treated by methylene blue and ten by quinin. The daily dose of the former was twenty grains, having admin-

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istered with it powdered nutmeg to lessen the tendency to strangury. An analysis of the cases is given which shows that with methylene blue 60 per cent were cured, requiring on an average six and one-half days' treatment; while the cases treated with quinin were cured in five and eight-tenths days, and there were a hundred per cent. of cures. Moreover, certain cases failing to respond to methylene blue were cured with quinin.

Conclusions which these investigators draw are:

1. Methylene blue will destroy malarial parasites in many cases, but is less certain than quinin.

2. Methylene blue is probably most valuable in chronic cases, but has no advantage over quinin.

3. Methylene blue is ordinarily more unpleasant in its effects than quinin.

4. It is useful in cases that cannot take quinin on account of idiosyncrasy to it. Its uses in cases of pregnancy is undetermined.

5. It is probably valuable in treating hematuric and hemoglobinuric fevers on account of its diuretic action; this has yet to be determined.

6. Quinin is quicker and much more certain than methylene blue.

F. C. Flockinger gives his experience with the use of methylene blue, and also a short review of the literature. With him the drug proved useful in hemicrania, acute articular rheumatism, cystitis, gonorrhea, dysentery and malaria. He considers it a specific for the last two diseases and also a sedative of great value. In dysentery the drug was administered internally, and used also in rectal injections by adding 1 to 3 grains to the quart of warm water. It was administered by the writer in solution of cinnamon water or in capsules combined with nutmeg to prevent strangury. He considers that large doses are not required in any affection; one grain every 2 or 4 hours being sufficient. A useful combination is with arsenic or the iodide in cases of malaria.—Therapeutics, Preventive Medicine, etc., by Gustavus P. Head.

AUTOMOBILES TO CURE CANCER.

The newspapers of the country gave prominent space to the announcement that a liberal amount of money made by a successful automobile manufacturer is to be used in preventing cancer. This is a new phase of the automobile industry. The machines have brought about many changes in commercial and domestic affairs. They have bankrupted owners who could not afford them, changed the methods of home life in a house to that of outdoor existence in an automobile. They have relegated the horse to more limited fields of usefulness, but in no way lowered the horse market. Automobiles have facilitated crime, as highwaymen and burglars as well as kidnappers find them a convenience. They have been denounced as hot-beds of immorality. They have claimed many lives through criminal carelessness and in foolhardy races, but all of these are incidents common to the changes constantly taking place through the development of the human race.

Cancer is one of the most general and fatal of the afflictions of mankind and not unknown among low animals, and it even invades the vegetable kingdom. The opportunity for the study of cancer is thus very general. The scientific world has devoted much energy and large sums of money are being spent in an effort to find some means of preventing or at least mitigating the injurious effects of cancer on human beings. Up to date, very little practical returns have been made for all of this expenditure of money and energy. Scientific investigators are not daunted, because they are accustomed to work under what the commercial world would consider discouraging conditions. Some of the greatest discoveries ever made came through labor which had promised no returns, but now we learn from a man who has made a wonderful commercial success in a brief period of time that the cancer problem is to be considered in an entirely new manner. He speaks with that assurance so common to the uninformed. He does not hesitate in promising what the well-versed only hope may

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be accomplished. This man who has built automobiles of great endurance has his own theory of the prevention and cure of cancer and will take the place of a medical director in the hospital which he has endowed. He is quoted as saying, "Our hospital will not be a repair shop but a producer." He further says, "We are confident that we will be able to prevent cancer."

Prophylaxis is the ideal of the medical profession. Will the money accumulated in building automobiles and the brain that has directed such a commercial enterprise revolutionize the practice of medicine and bring about in short order that for which physicians have labored since the history of medicine began? If so, we shall not begrudge this manufacturer the free advertising which he is receiving by the great publicity of his announcements. In newspaper position he has crowded the Mexican troubles to second place and received the advantages of the first column on the first page of our great dailies. What is more, the large head lines not only announce what he expects to do as a cancer expert, but in a very incidental but exceedingly practical manner states that his factory, which now turns out an automobile every thirty-eight minutes, will be doubled in size. Attention is also called to the proposed installation of the largest gas engine in the world at a cost of one and a half million dollars. This combination of the real cancer hospital, the record-breaking automobile factory and the colossal gas engine is somewhat significant. We cannot help but place emphasis on the "gas."

But there is one redeeming fact which must not be overlooked. It is, no doubt, something more than mere newspaper publicity and advertising methods that is back of this announcement. No doubt, money will be used in directing researches. It is likely that men of scientific training will be employed and their work may contribute something to the welfare of the animal and vegetable world. We regret that satisfactory outcome in cancer research is not as certain as are the results of the publicity and commercial methods which accompany the commercial enterprise.—Editorial probably by Dr. Whepley, from Myers Bro. Druggist.

THE BLOOMINGTON WATER SITUATION.

The discussion of the Bloomington water situation at the luncheon given in this city by the alumni of Indiana university should bear results. Surely the state of affairs has been clarified by the frank and comprehensive remarks that were made. There are still differences of opinion, to be sure, as to the means to the end, but everybody is agreed that there must be an improvement in Bloomington's water supply. The thing necessary now appears to be the putting aside of preconceived notions so that the advice of competent engineers may be followed. It will be possible to obtain not only an adequate supply of water, but potable water for Bloomington. The mistake that has been made by some of the representatives of that city has been to deny that the city is short of a good water supply. That state of the discussion has passed. The city should be thankful that it has escaped epidemics and not tempt Providence any further. Monthly reports are now to be made to the Governor under the agreement reached yesterday, as to what progress has been made in providing a proper supply of water. This ought to tend to bring about not only the right attitude of the authorities of Bloomington, but the action necessary to back up their good words.—Indianapolis News.

A demand that the city of Bloomington take steps immediately to obtain an adequate supply of pure water was made at a meeting of the alumni of Indiana University in the American room of the Claypool Hotel. The meeting was well attended by alumni, and officials of the city of Bloomington.

The demand that an adequate water supply be provided was supported by a resolution asking Governor Ralston to appoint a committee composed of two alumni and two "hold over" legislators

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to "keep tab" on steps taken by Bloomington officials. This committee would make reports Sept. 1, Oct. 1 and Jan. 1, and would go before the next Legislature and make a report should occasion arise. There was some intimation that unless a sufficient amount of pure water is procured an agitation for the removal of the university from Bloomington will be inaugurated.

Mayor J. G. Harris, Judge James B. Wilson, Robert W. Miers and Ira C. Batman spoke in behalf of Bloomington, and promised that an adequate supply of water would be provided.

Trustee James W. Fesler of Indianapolis.

"I can not agree that Bloomington has an adequate water supply," continued Mr. Fesler. "It is not a question of 'psychology.' A sufficient supply of water can not be said to be a relative term when the city already is deprived of the right to sprinkle its streets and lawns. I am not now ready for the removal of the institution. I want it to stay there. But there would have been no occasion for this meeting had the city done its duty in the last ten years. When this situation arose ten years ago it was time then to take it up and settle it in a large way. Bloomington has delayed too long. The thing for you to do tonight when you return is to call a public meeting and start this thing going."

CHRONIC (CYSTIC) MASTITIS AND ITS CONVERSION INTO CARCINOMA.

Bertels (Deutsche Zeitschrift fur Chirurgie, Bd. 124, H. 1-4 concludes a study of this subject as follows: Chronic cystic mastitis has for its basis a primary hyperplasia of the connective tissue of the mammary gland. The cyst formation is a secondary phenomenon and is often demonstrable only with the microscope; in the male it is at times entirely absent. The cysts originate through a passive distention of the acini and apparently in part the excretory duct; epithelial proliferation does not play any part in the origin of the cyst; the distention is the result of a damming up of the secretion, which is apparently due to obstruction of the acini or their ducts with newly formed connective tissue. The small cell infiltration which is often found in the region of the cysts is the result of the irritation produced by the retained secretion, a cause which is also responsible for the epithelial proliferation, which is changed into a carcinomatous character without any sharp histological demarcation.

We recently published several articles on cancer which were of unusual interest. The question of mastitis was clearly set forth by Dr. Hadley. It was a paper worth twice reading. He also published a paper in the association Journal which was good. Dr. Jewettt Reed has made certain deductions that are worthy of publication. S. E. E

SEX LECTURES AND THE WOMEN'S CLUBS.

CHICAGO, June 15.—Ella Flagg Young today told delegates to the biennial convention of the General Federation of Women's Clubs that sex lectures to the school children were a success.

"The girls, enlightened, left the lecture halls with uplifted chins in consciousness of the womanhood that was in them instead of with the smirks of ignorance," declared Mrs. Young, who is superintendent of Chicago public schools.

Mrs. Young said that when it became apparent that public sentiment demanded the teaching of personal hygiene—it is not called sex hygiene in the schools here—she was reluctant to take the responsibility.

Appropriation Is Made.

"I went to Dean Sumner," she said, "and I told him that it was the duty of the church. He declared that it was the duty of the public schools. We argued it long and often, but finally $10,000 was appropriated by the city to get the lecturers and I had to do it.

"I listened to the lectures before they were made public and became convinced of their value. They teach respect for the body, and this respect will solve the problem of personal hygiene."

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Dean Walter T. Sumner, to whom Mrs. Yound had referred, was the next speaker. He pleaded for a higher standard of morality for the male, and drew pictures of the misery brought about by men who "have their fling" before "settling down" with some pure wife.

There was no mincing of words. Ella Flagg Young brought tears to the eyes of the 3,000 auditors in her address, telling how physicians had pleaded with young girls on this subject.

"They were told," she said, "that for nine months their mothers had carried them under their loving hearts, giving them life and love, braving suffering and death to bring them into the world."

PARALYSIS AND THE PASTEUR TREATMENT.

In the Public Health Reports for October 24th passed assistant surgeon H. E. Hasseltine, of the Public Health Service, reported two cases in which paralysis occurred during the course of antirabic treatment. From a study of these cases and a review of the literature concerning similar ones he concludes that, in rare instances, some form of paralysis may be the direct result of the Pasteur treatment. Concerning the basal cause of this paralysis there is a difference of opinion among neurologists. Some hold that it is a myelitis; others believe it is a neuritis. Although the frequency with which this complication occurs is not exactly known such statistics as are available indicate that it is exceedingly uncommon. Thus out of 567 persons treated at the Hygienic Laboratory, paralysis occurred in only two instances, whereas a series of 7,080 treatments investigated by Jones did not furnish a single complication of this nature.

After reviewing the various theories as to the cause of paralysis occurring in the course of the Pasteur treatments, Hasseltine is inclined to lend his support to that one which explains it as a phenomenon of anaphylaxis resulting from the injection of foreign animal tissue (rabbit's cord). It is therefore analogous to those cases of individual hypersusceptibility occasionally seen after the administration of diphtheritic antitoxin.

Considering the fact that recovery has eventually followed in nearly all cases so far reported, it does not appear that the fear of this complication should deter one from administering antirabic serum whenever indicated. However, as canine rabies is steadily increasing in the United States it is the duty of all physicians to report any serious complications which come under their observation. These cases should be reported accurately and in detail, for it is only by the way of this knowledge of the subject that we can be expected to learn to check the advance of the disease. This is an important matter, for this disease is the subject of much dangerous ignorance on the part of the laity, many of whom deny its very existence.—From the New York Medical Journal of January 17, 1914.

Dr. Theodore Potter has two similar cases of paralysis with recovery to report. One was a case under his own observation and treatment. The other case was reported to him in detail. All such cases should be fully analyzed and reported, so that the Public Health Service may include them in its records.—Editor.

ABORTIVE TREATMENT OF SYPHILIS AND NEURORECIDIVES.

Werther says that if the treatment is undertaken in the early stages, before secondary manifestations have become well developed, the danger of nervous relapses will be slight, whereas if the treatment be instituted only after the secondary stage is well developed, such occurrences will be frequent and must be guarded against. For the abortive treatment in the early stages, several fairly large doses of salvarsan should be given at intervals of two or three days. When the treatment is begun in the later second stage, administration of salvarsan should be preceded by a course of mercurial treatment in order to avoid the development of the Herxheimer reaction in the central nervous system, which is very likely to follow the administration of large doses of salvarsan.

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When the disease is being treated in the first stage, it is possible to secure a complete and lasting cure in about fifty per cent. of all cases, if the doses of salvarsan are large enough and repeated at short intervals. Subsequent treatment with mercury is not necessary, but in the later stages it is advisable to continue with mercury for some time after provocative injections of salvarsan fail to bring out a Wassermann reaction.—Deutsche Medizinische Wochenschrift.

Early stages are rarely met with in practice. The writer of this comment is a firm believer in the use of five to seven full doses of salvarsan, followed by forty to fifty weekly injections of one grain of the salicylate of mercury in the gluteal muscles. A. W. B.

LARGE DOSES OF QUININE IN BASEDOW'S DISEASE.

In a severe case of Basedow's disease with rapid emaciation and mild glycosuria, Rene Gaultier gave quinine sulphate 0.35 gm. (grn. 5¾) three times a day with the result that the pulse rate soon decreased and gradually became normal, while increase in weight and strength and disappearance of diarrhea, tremor and cough also occurred. Although the administration of quinine, sometimes as much as 30 grains per day, was kept up for five months, no symptoms of quinine intoxication were produced. This marked tolerance for the drug, Gaultier also noticed in other cases of Grave's disease, in which quinine had been of great benefit. In literature one may also find numerous instances of the good effects produced by prolonged quinine medication and of extraordinary tolerance for the sae. As some of the symptoms of exophthalmic goitre must be attributed to a dilatation of the vessels of the head and neck, one can understand that quinine acts favorably in this condition on account of tis vasoconstricting power. In some cases the simultaneous use of the serum of thyroidectomized animals seems indicated. Gaultier concludes that prolonged medication with large doses of quinine is to be recommended in Basedow's disease, on account of the frequency with which beneficial results are obtained, the case of its administration and the marked tolerance displayed by patients, even when gastrointestinal disturbances are present.—Bull. gen de Therap.—Merck's Archives, July, 1914.

TAKING PAINS WITH PAINLESS CHILDBIRTH.

In our issue for May 23d, we animadverted with more or less playful irony upon an article in McClure's Magazine for June entitled Painless Childbirth, written, we thought, in a spirit of girlish enthusiasm which would probably amuse rather than annoy the hitherto highly respected physicians of the Freiburg Frauenklinik, wherein the so called painless method is in vogue. Our comments apparently started an investigation by our two most prominent contemporaries into the statements made in McCure's Magazine, and numerous letters of inquiry testify to the puzzled attitude of our readers, who wonder how for ten years so satisfactory an obstetrical aid can have eluded their attention.

The misguided enthusiasm of the McClure publications is made manifest in what would be known to the advertising fraternity as a "full page spread" if it did not bear the earmarks of an editorial comment, which appears in the Ladies' World for July. Taken in connection with the written acknowledgement of the owners of the aforesaid publications to the Journal A. M. A., this superb reading notice makes further doubt impossible of the complicity of Herren Kronig and Gauss in what is to them and all other physicians a bald and shameless piece of advertising, however innocent such exploitation may seem to business laymen. The corroboration of a three page advertisement in Printers' Ink for June 18th is hardly required; this contains a typically hysterical letter from one of the earliest victims of the ingenious bait thrown out in the first NcClure article.

It is hard to find words to characterize properly what we formerly mistook for the youthful naivete of two advertising

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copy writers. Professor Kronig describing himself as "so adequate" and Doctor Gauss writing himself down as "so wistful and sympathetic" and quoting his own words to his lady patients, "I have come to comfort you," are no longer subjects for professional sympathy as victims of a write-up, but assume the aspect of a pair of undignified and unethical doctors for revenue only, meriting banishment from decent medical company.

Like all quack schemes, this one is based on a method thoroughly tried out by the regulars and found wanting. Its plant of exploitation is one of the boldest ever conceived; it was embodied in the Friedmann scheme, but not so well managed. Soon we shall have the pupils of the "masters" over here, we suppose, ready to "teach" the method to a select few among American physicians. Sanatoriums or Frauenkliniks will rise in various parts of the land and the latest appeal to nervous and idle women will run its merry course until the inevitable percentages of mortality and morbidity bring it to a close. With inspired foresight, the fact was duly emphasized in advertisement No. 1, that this painless labor is "very expensive."—New York Medical Journal, July 4, 1914.

THE TREATMENT OF SYPHILIS.

It is most important that treatment should begin at the earliest possible moment, that is, as soon as the diagnosis is certain, which is made possible by the demonstration of the spirochetes in the suspicious sore. This test falling, one must wait for the Wassermannn reaction in the blood, or for the appearance of secondaries, unless clinical signs are unmistakable.

For the last four years a great deal has been written by medical men who have been devoting their time to the study of what are the best remedies for eradicating this monster that is ravaging the civilized world. The attempt to determine the proper indications for mercury and for salvarsan in the treatment of syphilis presents the views of the clinic rather than the laboratory. One fact can be accepted—that the length of treatment is no guide as to cure, nor should every person be treated in exactly the same way. We can now determine for each individual case the amount and kind of treatment required, and can tell the patient approximately what is necessary. Mercury has been used for five centuries in the treatment of syphilis and potassium iodide for eighty years. These two remedies, particularly the former, have been the mainstay in the treatment of the disease and have, in a way, given satisfactory results. Under proper mercurial treatment spirochetes disappear from the local lesions and the Wassermann reaction becomes negative. The failure of mercury is often shown by reappearance of symptoms during the time of active treatment. Mercury, although fatal to the spirochetes, occasionally fails to cure because of faulty technic, or because the organism becomes immune to the drug, or because the spirochetes become so lodged that the mercury fails to reach them. The reason why mercurial treatment cannot produce rapid destruction of the organisms is that mercury can not be administered intensively, but requires intermissions of treatment, during which the organisms have opportunity to recuperate.

Salvarsan and Neosalvarsan—In 1910 Ehrlich startled the world with the introduction of salvarsan. Although the hopes of many have not been realized, yet in its destructive influence upon the spirochetes and in its rapid effect upon the clinical manifestations the new remedy has demonstrated its superiorirty to mercury. Later, Ehrlich introduced a modification of salvarsan, called neosalvarsan. Comparing salvarsan with neosalvarsan, the percentage of febrile reactions is somewhat higher after salvarsan, even though larger doses of neosalvarsan are used. This febrile reaction may be due to individual susceptibility, to faulty technic, or to the setting free of the toxins of the dissolved spirochetes. Gastro-intestinal disturbances are much more marked after salvarsan,

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while a reaction similar to anaphylaxis occasionally occurs after salvarsan, but not after neosalvarsan. The effect of neosalvarsan on the symptoms and lesions is weaker than that of salvarsan when used in proportionate amounts. The effect of neosalvarsan upon the serological reaction appears to be twenty to forty per cent. weaker than that of salvarsan. Salvarsan is a powerful symptomatic remedy and especially upon active mucous membrane lesions and obstinate palmar and plantar syphiloderms. The early administration of salvarsan or neosalvarsan prevents relapses. Salvarsan and neosalvarsan have proved more satisfactory than mercury in syphilis of the nervous system. Contrary to the general belief, invasion of the nervous system by the spirocheta pallida may show within four months of the onset, such as psychoses with meningitis, paralytic syndromes and various forms of neuritis; these plainly show that the disease has invaded nerve tissue and caused gross lesions. Another most important indication for the early intensive salvarsan treatment is to prevent the spirochetes remaining latent in the nervous system to later manifest themselves as paresis and tabes; the former assumption, that these conditions were parasyphilitic, has been proven by Noguchi and Moore to be wrong by their demonstration of the spirochetes in the nerve tissues. That syphilis does produce these conditions so disastrous to the productive usefulness of its victim is a compelling argument to strike early and hard at the cause. The saving to the state by cure of this disease in its incipiency and before permanent damage is done, is proven by the number of helpless invalids from these conditions in public institutions supported by the ever increasing burden of the taxpayer.

The intraspinous treatment for tabes and paresis recently introduced by Swift and Ellis seems to offer much of hope for these poor unfortunates, and although too soon to endorse, the experience with many cases where the intravenous injection had but little influence has been very encouraging. Salvarsan and neosalvarsan naturally act well in all types of syphilitic manifestations, but more especially in those affecting the gastro-intestinal tract, the heart, the throat and nose, and the blood vessels.

The contraindications to the use of salvarsan and neosalvarsan which were formerly thought to be numerous have now narrowed down to only the following conditions, namely, renal insufficiency, Addison's disease and status lymphaticus. The drug should be administered only by those who are thoroughly acquainted with the technic of its administration, for the mortality resulting from its use is almost the same as that from chloroform in anesthesia.

The writer has at present under observation and treatment a score of defective school children, three-quarters of whom have shown almost unbelievable improvement in their mental deficiencies under intensive salvarsan treatment. All these cases gave a positive reaction to the Wassermann serum test and were therefore hereditary syphilitics. Over two years have elapsed since the first case, a boy of twelve years, was tested and treated. The extraordinary results in this case could only be appreciated by contracting his condition before treatment, when he was under-developed, stooping in posture, defective in muscle co-ordination, in speech and in hearing, with the face and bearing of an idiot, remaining in the attitude in which he was placed, with his condition after treatment, when, in one year's time, he had become as normal as the average boy of his age. In his school work, after having been in the same grade four consecutive years, he was able to catch up with his class in one year. This experience would seem to indicate that hereditary syphilis is no inconsiderable factor in the production of backward and defective children; there are at home and in institutions a large number of feeble-minded and epileptic children refractory to mercury and iodides because the very delicate and complicated nervous system, which is readily damaged, was involved; these are responding to the treatment

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by the new arsenical compounds. It would be well for school and health boards to consider this promising field in their investigations. At present boards of health are offering every opportunity for the prevention, diagnosis and treatment of such diseases as tuberculosis and typhoid fever. Equal opportunity should be offered in the care of syphilis, a disease that is equally prevalent. The extinction of syphilis as a universal scourge could be made nearly as simple as is that of smallpox in such carefully guarded health countries as Germany. While prevention in tuberculosis, typhoid and smallpox is a very simple expedient, cure of the disease when once contracted is difficult, there being no specific treatment and the prevention of the spread of these diseases is a high and difficult problem. On the other hand, the prevention of syphilis is probably a Utopian idea; its spread may be controlled by curing the disease, or, at least, making its possessor harmless, thereby shutting off the source of infection. The best way to fight syphilis is for the health department to render examination easy, and to provide hospital treatment for all prostitutes and for all indigent and detention males. All hospital attendants and managers should ridicule the absurdity of segregating syphilitics, for the danger of infection is no greater than from those having pneumonia or typhoid fever. Indeed, free opportunity to secure the advantages of hospital treatment should be afforded syphilitics.

A notable change in public sentiment in regard to syphilis has occurred since its cause and cure have become better known. The mantle of ignorance and superstition that has ever surrounded syphilis and the vigilance with which all mention of it by the public press was withheld, are rapidly disappearing; today syphilis is being discussed like any other disease menacing public welfare. Now, when placed on a scientific basis, the prevention, diagnosis and treatment of syphilis will undoubtedly appeal to the public as does the prevention of smallpox, typhoid fever and tuberculosis. The scientific battle has been won; the public conscience is aroused and educated as never before. The general indifference of the medical profession regarding the prevalence, diagnosis and treatment of syphilis is deplorable. Medical schools should give this disease as much consideration as is given to tuberculosis or typhoid fever, for it involves not merely the health and life of individuals, but to a much greater degree than the diseases mentioned, the happiness of families and the welfare of society.

Education of healthy persons in regard to syphilis and its prophylaxis by proper publicity, the instruction of persons suffering from this disease by some official pamphlet given them by the physician will aid in checking the dissemination of the scourge; but education alone will never solve the problem. The law will have to be invoked in all possible directions before much can be accomplished. By law, better qualification on the part of physicians can be demanded; quacks and false medical advertising can be suppressed; scientific medical treatment can be aided by required laboratory tests; quarantine, relative or absolute, can be enforced. Much of this seems imaginary and impracticable, but the time is ripe for a beginning under the authority of our boards of public health.—G. W. Wende, in Buffalo Sanitary Bulletin.

MALE STERILITY.

The time has come when in childless marriage the finger of suspicion should not always point to the woman. To be sure, she is often the offender, but in the event of no child she is not always the party at fault. So in pointing the condemning finger, one should be wary as to the party accused. This not only applies to the husband, but also the physician, as well as friends of the couple. It is only justice to the female that the physician at any rate should subject the husband to a thorough examination before the woman is compelled to submit to

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dilatation and the curet. Writing along these lines, Barney, in the Boston Medical and Surgical Journal, discusses some of the causes of sterility in the male. He states: There are no very accurate figures as to the frequency of childless marriages. According to Huhner, 10 per cent. of all unions in New York are without issue. But here one must not forget clandestine but admittedly widespread methods used for the prevention of conception before accepting the above-mentioned statistics as absolutely accurate. Therefore the only material on which we can work are those instances in which childless couples come to the physician for relief, and here figures vary as to the proportion in which the husband is at fault. According to the various authorities the husband is at fault from 1 to 80 per cent. of instances. Huhner, in 192 cases from various authors, found the husband responsible in 17 per cent. In view of these facts, the investigation of childlessness should begin with the microscopic examination of the husband's semen, not with a curettage of the wife. In a series of 37 cases which actually underwent operative interference for the relief of sterility in a large New York hospital, some despite negative pelvic findings, at the end of a year only two became pregnant. It was only possible to examine four of the husbands of the women in this group. Two were found normal, and in the semen of the other two there were no spermatozoa, and an examination of the genitalia showed evidence of an old gonorrhea. Bearing these facts in mind, the author of the above article, through the co-operation of several gynecologists, was able to examine the husbands in forty childless marriages. Of these twenty were actually sterile. Yet the wives of four of these had had more or less severe operations done upon them before it occurred to the operator that the husband possibly was at fault. With these facts in hand, should we not be more careful where we put the blame. It teaches, however, a great lesson—namely, before subjecting the wife to operative interference when seeking relief for sterility, first demand that the husband be subjected to a thorough examination by a competent man. As to the causes of sterility in man there are many, such as undescended testicle in some instances, and those rare malformations, epispadias, hypospadias, exstrophy of the bladder, in any of which, though the spermatogenic function may be active, yet owing to the nature of the disability impregnation of the female is impossible. Occasionally non-venereal diseases may attack the testicle and produce sterility, foremost among which is mumps. Syphilitic orchitis is another prolific cause of sterility in the male. Abscess of the testicle, likewise tuberculosis, is occasionally followed by azoospermia. Another source of sterility is repeated and prolonged exposure to the Roentgen ray. Though the above mentioned, together with other causes, are the occasional producers of sterility, away and above the most frequent in the male is gonorrheal epididymitis. In summing up his experience, Barney draws the following conclusions:

1. The cause of sterility in man is due to venereal disease, generally gonorrhea, in the vast majority of cases.

2. Oligospermia or azoospermia may occur without obvious cause.

3. A single examination of the semen is insufficient.

4. Marriages may continue to be sterile, even with the finding of active spermatozoa in the husband, and a normal genital tract in the wife.

5. It is noteworthy that in no case of male sterility regardless of the cause is masculinity in the least impaired.—Maryland Med. Journal.

REPRODUCTION AND RACE BETTERMENT.

In a discussion on Reproduction and Race Betterment, published in the Pennsylvania Health Bulletin for February, 1914, Dr. Samuel Dixon, Commissioner of Health for that State, points out that society absolutely requisite for the contin-

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uance of our present civilization is divided into domestic and civil. Dealing with the former the hygiene of married life must be considered and this brings up the point with regard to the suitable age and conditions of life at which the bonds of matrimony may be assumed. The writer lays down the following rules as to marriage: First, a man should not marry unless into a family with a history of reasonable longevity, free from hereditary disease. He should not marry a woman advanced in life, delicate, feeble, or afflicted with any inherited deformity. The age most proper for women in this climate is nineteen or twenty years and for men twenty-four or twenty-five years. Women of a nervous temperament, those who are extremely irritable, hysterical, subject to convulsions, or to epilepsy from organic disease, ought to avoid matrimony. In this country matrimonial contracts between the sexes before the ages of twenty-five and nineteen, respectively, are contraindicated, because, as a rule, previous to these periods of life, the body is not fully developed, the different functions are not perfect, and the sexual organs, being only in progress of their growth, any offspring developed by them in their immature condition must be deficient in vital power.

The author states that according to an eminent authority, the principal sources of degeneracy, which appear at present to be most active in the world in their influence for evil on large masses of mankind, may be grouped as follows: (1) Degeneracy from toxemia, or from the abuse of alcoholic fluids, opium, preparations of Indian hemp, preparations of coca, tobacco and the like; also from the effects of lead, mercury, arsenic and phosphorus, and from the use of unwholesome vegetable food, such as diseased rye, maize, wheat and the like. (2) Degeneracy from the persistent pernicious influence of malaria. (3) Degeneracy from certain peculiar geological formations, soil and water, as seen in the development of goiter. (4) The generations which follow the one which has and then afflict large populations, profoundly influencing the system and engendering those morbid temperaments whose types are fully expressed in those generations which follow the one which has suffered from such epidemic pestilences. Many such epidemics act like toxic agents on the nervous system. (5) Degeneracy from the effects of the great town system, as it is called. The chief elements of such degeneration are unhealthy situations, a noxious local and general atmosphere, insufficient air, insufficient and improper nourishment, deleterious avocations, moral and social misery, and crime. (6) Degeneracy from fundamental morbid states, congenital or acquired, as seen in imperfect cerebral developments, deaf-mutism, blindness, constitutional diseases and diatheses, implanted, hereditary, or acquired, such as syphilis and scrofulosis. (7) Degeneracy from mixed causes, from consanguineous marriages. It will be gathered from a study of the above conclusions that heredity and environment would appear to exert almost equal influences upon the production of degeneracy. Probably, this is indeed the case.—Medical Record, July 18.

TREATMENT OF MUSCULAR RHEUMATISM.

Blumenfield, in the Medical Review of Reviews for August, gives as the management of a patient with muscular rheumatism the following:

1. Medical treatment.
2. Local treatment.
3. Prevention of recurrence.

Medicinal Treatment.—The patient should be put to bed at absolute rest. During the acute stage morphine sulphate gr. 1-4 with atropine sulphate gr. 1-100 injected hypodermically over the site of the pain, relieves the pain and cuts short the disease. A saline cathartic given at the onset, to remove the noxious material from the system, tends to lessen the duration of the disease. A Turkish bath, a Dover's powder, gr. x, one dose or a hot mustard foot bath, followed by ample covering with blankets tend to pro-

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duce diaphoresis, relieve the pain and cut short the disease. In acute cases I use either of the following:

Aspirin gr. v.q. 3h or

℞

Sodii Salicylatis .....3 iii
Sodii Bicarbonatic
Syr. Aurantii .....aa ʒ ss
Aq. dest. qsad .....ʒ ii
Sig. 3 i. q 3h.

Aspirin is an antirheumatic, relieves pain, and is less irritating to the stomach than sodium salicylate. Sodium bicarbonate is given because it is an antacid and has some alterative effect.

If indicated, phenacetin gr. iii q. 4h should be given for its analgesic effect. Morphine or codeine should not be used to control pain in subacute cases, as more harm than good may result, due to the danger of encouraging an habitue to these drugs—a condition far worse than the original pain or disease. In chronic cases, kalium iodide gr. v. t. i. d. may be used as an alternative in conjunction with the sodium salicylate.

Dietetic treatment is of paramount importance. It should be liquid, easily digestible and assimilable, e.g., milk, eggs, meat and farinaceous articles of food. Large quantities of water should be drunk daily.

Local Treatment.—A few dry cups placed over the painful areas usually relieve the pain. Hot fomentations, poultices, or hot water bags will produce hyperemia and thus decrease the pain, give comfort to the patient and be found serviceable in hastening the cure.

In subacute cases massage is beneficial in breaking up adhesions. Exudations are absorbed and normal conditions gradually restored. It is also of value in chronic cases. In subacute cases I find friction with the following liniment of considerable value:

℞

Mentholis .....3 i
Alcoholis .....ʒ ss
Ol. gaultheriae .....3 ii
Tr. capsici .....3 i
Lin. aconiti et chloromormi (N.F.)
q.s. ad. .....ʒ iii

Prophylaxis of Recurrences.—Prevent constipation. Weekly Turkish baths to secure action of skin. Precautions must be taken to avoid exposure to cold or draughts. Daily systemic exercise. Avoid overexertion.

THE TREATMENT OF BRONCHIAL ASTHMA.

With the exception of malignant disease and tuberculosis, there is no morbid condition more discouraging to both physician and patient and less responsive to treatment than some forms of asthma. (Israel Bram, Merck's Archives, April, 1914.)

After eliminating the exciting causes, treatment must be directed toward overcoming the attack and either to prolong the intervals between attacks or prevent their occurrence. To insure the probability of success, treatment must be not only medicinal, but dietetic and hygienic as well.

If the patient is a child, its daily life, i. e., the sleep, diet, clothing, bathing and education must be so regulated as to overcome the neuropathic tendency in order to attain stability of the nervous system.

Cold bathing or sponging at least every morning followed by a thorough friction of the skin with a coarse towel to enhance the circulation, must be insisted upon for its tonic effect. A careful study of the diet should be made. At times a gastric analysis may be necessary in order to arrive at a suitable dietary. The bowels must be kept regular.

The question of sleep is an important one, as the proper balance between the amount of work and rest suitable for the economy varies widely in different individuals. An abundance of fresh air is highly important at all times, and if the patient does not sleep out of doors, the room should be thoroughly ventilated. The average intelligent patient can be treated at home quite successfully if the proper attention to detail is given.

The treatment of the attack consists in the removal of all impediments to free respiration. Often a calomel purge,

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a high enema, an emetic, and occasionally a hot bath will serve to relieve a paroxysm.

Among the popular group of remedies consisting of belladonna, hyoscyamus, stramonium and lobelia, the first-named is the most serviceable. It should be given in the tincture, beginning with five drops and pushed gradually to the point of tolerance. It seems to act favorably in this disease by its anti-spasmodic effect. It also reduces the congestion of the bronchial tubes and dries up their secretion.

Adrenalin chloride has been found of great use in promptly checking an asthmatic attack. Excellent results have been obtained from the intramuscular injection of a 1 to 1,000 solution in doses of m x. The patient is almost invariably relieved within a few minutes. On the whole, however, adrenalin is one of the best agents we have in the treatment of asthmatic seizures. It acts as a bronchodilator, relieving the spasm of the unstriped muscular fibers of the bronchial tubes and at the same time overcoming the congestion of the mucous membrane by a constriction of the finer arterioles. It also assists in the expulsion of the mucous exudate so that the patient breathes more freely and relief is felt at once, often followed by a refreshing sleep. Its action, however, is only temporary, having no influence on subsequent attacks. Adrenalin may also be administered by means of an endobronchial spray, bringing the drug in direct contact with the affected mucous membrane. Even an ordinary spray of adrenalin chloride solution acts favorably in some cases.

The following solution has been used with success:

Adrenalin (1:1000) .....mcxxxv
Atropin Sulphatis .....grn. 1-5
Cocaine Hydrochloridi .....grn. 1-4
Aquae Dest. .....m xv
Sig.: Place in spraying apparatus and use when necessary.

As this formula contains a habit-forming drug, it must be prescribed with great care.

The action of dionin in asthma is that of an anti-spasmodic, relaxing the contracted bronchioles so that expiration becomes enhanced and relief from the paroxysm is experienced. Dionin is not only just as efficacious in the treatment of asthma and other respiratory affections as morphine, cocaine or heroin, but is devoid of the objectional after-effects. Children possess a natural idiosyncrasy to the action of morphine, but dionin in doses corresponding to the age or weight of the child is taken with impunity.—Medical Review of Reviews for August.

THE VALUE OF COCAINE IN DISTURBANCES OF METABOLISM.

We are all familiar with the great value of cocaine used hypodermically or by direct local application, but, in his humble judgment, its great power for good in connection with the large field of internal medicine is not so fully understood as it should be. This assertion is based upon his personal observation and use of cocaine in hundreds of cases, which have presented all forms and kinds of metabolic disturbances, both acute and chronic. (William Henry Porter, New York Medical Journal, April 25, 1914.)

The effect of cocaine when administered internally within its physiologic limits, as all therapeutic agents are supposed to be used when administered scientifically, is to stimulate, first, the cerebral hemispheres, next the medulla, and afterward the spinal cord. It lessens fatigue, and to a certain extent augments both mental and muscular activity. The respirations are increased; the muscular contraction of the heart is slightly quickened, and the force of the muscular contraction is augmented. There is a slight rise in the blood pressure. The augmentation of both the respiratory and the circulatory activity enhances the oxidation reduction processes of the body, which is highly essential in defective metabolism. It tends to quicken intestinal peristalsis; it also alleviates intro-abdominal pain. This naturally

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tends to improve digestion and the absorption of food products.

Glandular activity in general is slightly augmented, which must naturally follow increased oxidation and circulatory activity. The temperature is slightly raised. All this occurs without any perceptible change or specific symptoms noticeable on the part of the patient; less than occurs with most of the other aklaloids in common use.

If, however, cocaine is pushed beyond the physiological limit, very nearly opposite effects or toxic symptoms are produced. Death may ensue, but comparatively few cases are traceable to the pure alkaloid alone, so that cocaine, like all other alkaloids and glucosides that have stimulating properties, at first excites physiological activity, but when pushed beyond a certain point depresses or arrests those activities.

Cocaine and all the alkaloids are capable of being reduced by oxidation to less complex substances—such, for instance, as urea, carbon dioxide and water.

While cocaine or any of the alkaloids or glucosides are undergoing this oxidation reduction, there is evolved a certain amount of caloric force, as occurs with all food substances. Primarily, the amount of caloric force or power is in direct proportion to the amount of oxygen consumed. But the law of mechanical irritation and the effects of isomeric transmutation have also to be taken into account in explaining the full action of all substances.

Each alkaloid or glucoside, when introduced into the body, is followed by a train of phenomena peculiar to itself, barring those cases having idiosyncrasies. It should be remembered that the rapidity with which the transmutations are brought about is largely responsible for the severity of action.

In diseased processes and in all profound disturbances of metabolism, in which the normal food products are no longer able to stimulate or excite into full physiological activity the protoplasmic masses of the animal economy, when everything is at a standstill, as it were, or even when it is apparent to all that the patient is steadily losing ground, the addition of a half grain or more of cocaine three times daily, has, in a large number of instances, produced almost miraculous changes for the better, and in cases that seemed almost helpless. The secretary products, which before its administration gave evidence of profound metabolic disturbance within the system, under its influence change steadily to those indicative of a more nearly normal state of the system until the abnormal finally give way to the perfectly normal. In all chronic affections its power for great good can not be overestimated. —Medical Review of Reviews for August.

SYMPTOMS OF UREMIA AND THEIR INTERPRETATION.

The symptoms of uremia are diverse and varied, owing perhaps to the fact that more than one poison is concerned in the production of this complex. Dr. H. B. Anderson read before the Academy of Medicine, Toronto, on April 7, 1914, a paper on the subject, which was published in the Journal of Preventive Medicine and Sociology for July. He pointed out that uremia has been classified clinically as (a) fulminating, (b) acute, (c) chronic, and (d) latent. In the first variety, the symptoms develop in their severest form with alarming rapidity and without previous warning. This variety is most frequent in recognized cases of granular kidney. The acute cases develop suddenly, but in cases in which other phenomena, such as albuminuria, greatly reduced quantity of urine, urea in the blood, or other evidence of impairment of renal function, would put one on one's guard as to the probable development of uremia. In the chronic type of uremia, gastrointestinal symptoms are often a marked feature, though headache, twitchings, cramps in the muscles, especially of the calves, general restlessness, pruritus, impairment of sight or hearing, delirium, and eventually convulsions or coma, may appear.

The latest type, described by Sir Wil-

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liam Roberts, occurs especially in double calculous pyelitis, with occlusion of both ureters, and consequently complete anuria. It has also developed where a compensatorily hypertrophied kidney has been removed, the other kidney being functionally inactive from disease. Apart from the nervous manifestations of uremia, the gastrointestinal are the most important and next to the alimentary tract the skin offers the most efficient route for the elimination of the poison. Frequently, the sweat of an uremic individual has a urinous odor. The respiratory system also exhibits evidence of the toxemia. Two abnormal types of breathing may be manifested: (1) A peculiar hissing type, sometimes called "goose-breathing"; this is a rare symptom. (2) Cheyene-Stokes breathing. The blood pressure is frequently though not invariably high, and Anderson insists upon its serious significance.

While so great importance is not now paid to urinalysis as formerly it is an error to consider this mode of diagnosis as of small moment. Generally speaking, a more favorable view is taken of uremic symptoms than used to be the case, and much depends on the patient's general condition. The purely renal aspects of the case are not considered of altogether supreme moment.—Medical Record, for July 18.

VACCINE TREATMENT OF SKIN DISEASES.

The author comments upon the lack of uniformity and certainty still prevailing as to the results of vaccine treatment in skin affections. He holds it to be extremely important to ascertain everything about the origin of the disease before starting the vaccine. Thus, it is poor practice to attempt to treat severe acne by inoculation without relieving any dyspepsia found present, or to treat chronic eczema of the lips with an autogenous staphylococcic vaccine, when the whole trouble is due to an irritating mouth wash.

In furunculosis the vaccine treatment is perhaps seen at its best, failure being quite exceptional. The author has found it best to give 250 million staphylococci as the initial dose, and raise this rapidly afterward. In every case where the furunculosis is localized, as on the neck, efforts should be made to discover the local conditions at work and combat them by other appropriate means.

Whereas the impetigo of Bockhart yields almost uniformly good results with the vaccine treatment, sycosis and chronic pyogenic eczematoid dermatitis, especially in long established cases, show only a remarkable improvement at the beginning of treatment, followed by persistent relapse, which will not yield to further inoculation. In the exceptional cases of impetigo contagiosa in which the disease refuses to yield to local measures, a small number of staphylococcic inoculations—usually, in fact, a single one—will bring about prompt cure.

In severe erysipelas suitable doses of streptococcic vaccine often act in an almost miraculous manner. A single small inoculation—say of five million—preferably of autogenous vaccine, will usually cause a critical fall of the temperature, and a second or third at about five days' interval will usually cause complete resolution.

In chronic streptococcic infections, however, whether superficial or deep, such good results are not obtained.

In acne, vaccine treatment is a useful adjunct, but many cases will not yield to it alone. It is a great waste of time to omit suitable local treatment. Neither the mixed vaccine nor the specific microbacillus alone has any effect in subduing the fundamental seborrhea.

In lupus vulgaris old tuberculin acts much better than any other. The author begins very cautiously, then makes a steep rise in the dose as soon as one dose ceases to call forth a reaction. In one or two cases the author has had remarkably good results. In cases where the Finsen light can not be applied, the inoculation treatment is capable of great service; probably it may be combined with it with advantage.

In tuberculous ulcers and Bazin's dis-

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ease the same method yielded considerable success, though more caution was found necessary as to dosage than in lupus. In indolent ulcers persisting for many months, one or two doses of old tuberculin will usually cause complete healing in a week or two.—Arthur Whitfield in British Journal of Dermatology, October, 1913.

TREATMENT OF PYORRHEA ALVEOLARIS.

Freundlich, after discussing the necessity for co-operation of the medical profession in the treatment of pyorrhoea alveolaris concludes an article in the New York Medical Journal of August 1 by saying:

The following method of treatment which the writer has employed, generally, in pyorrhea alveolaris has been found by him from study and experience to give the most uniform results. This treatment, however, has been modified to meet the requirements of the individual case.

The mouth is first sprayed with an antiseptic solution and all deposits are removed from the teeth, care being taken not to injure the soft tissues. Specially designed instruments are employed to reach surfaces which are difficult of access. The writer begins on one tooth and does not leave it until it is thoroughly scaled. Where there are pus pockets, it is sometimes necessary to cauterize the part to check the formation of pus. A twenty-five per cent. solution of phenolsulphonic acid is used for this purpose. This is applied deep on an applicator. Where the pus is persistent after treatment, resorption of the root should be looked for, in which case it may be necessary to extract the tooth or to amputate the root.

After scaling the teeth, the mouth is again rinsed out with an antiseptic solution. The teeth are then thoroughly cleaned with orange wood and pumice and once more sprayed with an antiseptic solution, care being taken to force the solution around the gum margins and between the teeth. A complete sterilization of all instruments can not be too strongly urged. The parts are then made dry and an astringent is applied, under the free margins of the gums. This is best accomplished with a glass instrument. The writer uses the following astringent, according to Buckley:

℞ Potassii iodidi 3ii
Iodi (crys.) 3iiss
Zinci phenolsulphonatis 3ii
Aquae 3vi
Glycerini 3iiiss

The mouth is finally sprayed with an antiseptic solution. Where the pulp is in a low state of vitality, or a mechanical appliance is to be adjusted, or where the tooth is so sensitive as to be of constant annoyance to the patient, it is necessary to remove the pulp. To meet the requirements of the case, the patient is instructed to return at stated intervals, and advised as to the necessity of massaging the gums and keeping the mouth in an hygienic condition. Constitutional treatment by the family physician is always recommended and urged.

TREATMENT OF SLEEPLESSNESS IN CARDIAC INSUFFICIENCY.

In considering this subject, Albert Frankel says that disturbance of sleep is observed in all cardiac cases, in all the various phases of the disease and in varying degrees of intensity. The treatment of sleeplessness due to subjective cardiac symptoms is facilitated, if some casual factor for the disease such as lues, the absue of tobacco, etc., can be discovered. Often, however, in angina pectoris we must treat the patient symptomatically and be satisfied to use rather unreliable remedies. On the other hand, in cases of continuous cardiac dyspnea or where attacks of cardiac asthma occur, we can readily combat the cause, as such symptoms are the result of weakness of the heart muscle and a pathological distribution of blood. Here digitalis is at our command, but for immediate relief Frankel prefers the intravenous administration of strophanthin. The quieting effect of this preparation is not due to any hypnotic power, but can be

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attributed solely to its digitalis-like action on the heart. The rapidity with which strophanthin, given in this way, affects the heart, brings about immediate relief from the dyspnea, and therefore, rest and sleep. It does this not only in cases of mild cardiac insufficiency, but also in arterial disease with contracting kidney, where suddenly at night unbearable attacks of asthma occur. In these cases strophanthin brings relief with more certainty than camphor, renesection or even morphine. It can be given in spite of hypertension as therapeutic doses of digitalis and strophanthin should, in the author's opinion, be considered as having no effect on the blood pressure. Comparative studies have shown that digitalis per os combats these attacks of dyspnea more effectively if one or several strophanthin injections are given just previous to the beginning of the digitalis medication. By giving strophanthin injections in series all medication per os can be dispensed with.

In very serious cardiac lesions with constant dyspnea, as in the final stages, or even when Cheyne-Stokes breathing is present, strophanthin may bring about unexpected relief, even after digitalis per os has lost its power and morphine and its derivatives have failed to affect in any way the distress of the patient.

Frankel's experience furthermore leads him to state that while morphine is indispensable in very severe angina pectoris or in moribund cases, where all cardiac therapy is futile, it should not be used until strophanthin has been tried intravenously.

In 1913 the author administered strophanthin intravenously 425 times to fifty patients and no injurious or unpleasant effects were noted. It is to be remembered, however, that 0.5 to 0.75 mg. is the normal dose. If detrimental effects were observed in previous years they were due to the fact that 1 mg., now considered the maximum dose, was stated to be the proper amount for injection. Since the present dosage has been decided upon, the intravenous administration of strophanthin may be considered as being as harmless as any form om therapy, capable of producing such pronounced effects. — Therapie der Gegenwart. — Merck's Archives, July, 1914.

POISONING BY MALE-FERN.

An unusual case of fatal poisoning by the administration of male-fern as a vermifuge is reported by M. C. Hall, Washington, D. C. (Journal A. M. A., July 18, 1914). The patient was a young man who suffered from constant hunger and feverishness at night and was prescribed for by a so-called "Quaker doctor" or Indian doctor of Joplin, Mo. He died in convulsions and with tetanic symptoms after taking a large quantity of what seems to have been extract of male-fern. The striking features of the case are, first, that there was no evidence that the patient had tape-worm, and secondly, that a doctor should send a poison as strong as oleoresin of male-fern in excess of the usual dose to be given to a person in another state and followed up by castor-oil, which increases the absorbability and toxicity of the drug. There was always the possibility that consulting by letter an advertising "Indian or Quaker doctor" may cause a patient's death.

SWEET SPIRITS OF NITRE.

Spirits of nitrous ether, commonly known as sweet spirits of nitre, was at one time quite generally employed for fevers on account of its diuretic and diaphoretic principles. Of late years it has very much fallen into disuse. Unless the remedy is tolerably fresh its therapeutic properties are very low. The dose should not be too large. For children a half dram added to four ounces of water makes about the proper strength, and this should be administered frequently in teaspoonful doses until the fever declines. This remedy is said to exert a particularly favorable effect in the acute nephritis following scarlet fever. On account of the tendency of spirit of nitrous ether to deteriorate it is said that a crystal of potassium bicarbonate is serviceable in keeping the solution neutral.—Med. Summary.

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MEDICAL MISCELLANY

GOOD WORK OF ST. MARGARET'S GUILD.

The St. Margaret's Guild of St. Paul's Church is always hunting for a new plan to gladden hearts of hospital patients. Regularly the members of the Guild furnish books, magazines and flowers. Last Easter a potted plant was given to every patient at the City Hospital.

A plan has been announced by which the Guild of St. Paul's Episcopal Church will employ Indiana artists to decorate the walls of a new building at the City Hospital, known as the Burdsal Units, with paintings and mural decorations. Artists have consented to do the work for a small sum of money that will be contributed by the Guild.

The work will be in charge of William Forsythe, who will decorate the walls of the top floor of the building. Work to be done by Indiana artists in other parts of the building follows: Carl Graf, decorations of corridors, with scenes from fairy tales; Otto Stark, decorations in the children's dining room, representing a "festival of children"; Wayman Adams, life-size medallion portraits of children of all nations on walls of the third floor; Clifton A. Wheeler, instructor at the John Herron Art Institute, mural decorations representing scenes from juvenile stories; J. Otis Adams and T. C. Steele, landscape paintings on the walls of the second floor; Miss Dorothy Morlan and Miss Lucy Taggart, decorations in the woman's ward on the first floor, and decorations by William E. Scott, a colored artist, in the men's ward on the first floor.

Wards in the hospital to be used for the treatment of children will be provided with furniture adapted to children's needs. S. E. E.

DEATH OF DR. G. E. HUNT.

Dr. George Edmund Hunt, a graduate in medicine and dentistry and for many years dean of the Indiana Dental College, died at his home in Indianapolis from a heart lesion July 11, 1914. Doctor Hunt has read several interesting papers relative to dentistry before the Indianapolis Medical Society and has always been ready to vie with the members of the medical profession in all matters of a joint interest. He has written some creditable articles on dentistry and for a time was the editor of a dental journal published in Indianapolis. Perhaps the field in which he accomplished most was that of a business man in dental affairs, which demonstrated his executive ability and power of government. In city affairs he helped movements of progress, and especially did he do some creditable work as a member of the Commercial Club. In the movement for the examination of the teeth of school children, Doctor Hunt took a great interest, and upon this subject he frequently expressed his views in the public press and elsewhere. Death came to him in the meridian of life and in progressive affairs of the city as well as dental college interests his absence will be greatly felt. S. E. E.

NEW REGULATIONS FOR FEDERAL MEAT INSPECTION.

Washington, D. C.—The new meat inspection regulations governing the slaughtering of cattle, sheep, swine and goats, and the preparation of meat food products in inspected establishments, were signed by the Secretary of Agriculture on July 15, 1914.

All the regulations become effective November 1, 1914, except those governing imported meats, which go into effect January 1, 1915.

The Department of Agriculture is limited by law to jurisdiction over the slaughtering and packing establishments which sell their products in interstate or foreign commerce. These establishments slaughter 60 per cent. of the meat used in the United States. The slaughtering and packing establishments which sell their product wholly within the State in which the animals are slaughtered are

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beyond the jurisdiction of the Department.

The new regulations which occupy 87 printed pages, codify the many amendments and rulings made since the adoption of the old regulations on April 1, 1908, and also add to the requirements a number of features suggested by eight years' experience in meat inspection and conforming with recent scientific discoveries.

The more important changes, made as the result of the development of veterinary science and practical experience in meat inspection, are as follows:

Diseased Animals to be Condemned Prior to Slaughter.

The new regulations provide that inspectors shall make a rigid ante-mortem inspection, and if they find clear evidence in the live animal of the existence of a disease which unfits its meat for food, they shall condemn the animal and prevent its entry for slaughter into the food-preparing departments of the establishment. The animal so condemned must be slaughtered in a separate place and put at once into the denaturing tank to be turned into fertilizer or other nonedible products. This rule is more strict than the ante-mortem inspection prescribed in the old regulations.

Heretofore, animals showing some evidence of disease on ante-mortem inspection were slaughtered on the same killing floors as healthy animals, and were not finally condemned until they were subjected to post-mortem examination.

Under the new rules, where the ante-mortem inspector suspects a live animal of having a disease which might render it unfit for food, but is not certain of this condition he will, as in the past, mark the animal "U. S. Suspect," which will make its carcass subject to special post-mortem examination. The ante-mortem inspector is also authorized to detain the animal for further observation and taking of temperature in cases where that seems desirable in reaching a decision.

All animals at the time of slaughter, even though no symptoms of disease are visible on ante-mortem examination, are subject to careful post-mortem examination before the meat can be marked "U. S. Inspected and Passed" and allowed to leave the establishment.

Withdrawal of Inspection.

The regulations prescribe that any inspected establishment which violates any regulation may suffer the penalty of having all inspection withdrawn. This would mean that such establishments could not ship any meat in interstate commerce or abroad. This is designed to strengthen the department's authority to compel establishments to observe sanitary conditions.

Safeguarding Inspection Marks.

The rules and regulations governing the disposal of condemned meat and the use and integrity of the federal marks have been redrafted to meet fully all conditions which have developed during the past six years. As a result, it is made certain that the mark "U. S. Inspected and Passed" can appear only on meat that has passed a rigid ante-mortem and post-mortem inspection at the hands of skilled veterinarians.

Raw Pork Prohibited in Certain Food Products.

On account of the danger from trichinae in pork and the lack of any known method of inspection which affords an absolute safeguard, the regulations prescribe that no muscle tissue of pork shall be allowed as an ingredient of any article such as summer sausage, or similar foods which customarily are eaten without cooking. To be included in articles which may be eaten without home cooking, the pork must have been subjected to a temperature sufficient to destroy all live trichinae, or subjected to some other approved treatment which may hereafter be discovered.

Sanitary Regulations.

The regulations governing the sanitary condition of packing establishments, the cleanliness of employes, and the care of utensils and instruments have been redrafted into a series of definite rules.

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This, it is believed, makes compliance with the rules easier on the part of the packers and makes detection of violations simpler for the inspectors.

These rules are very explicit as to the provision of washing and toilet facilities for the help, as to the condition of clothing, and as to the cleanliness of the hands of those handling the meat. The rules also explicitly prohibit the passing of meat which has been allowed to touch floors or become contaminated by contact with condemned meat or knives used in butchering diseased meat.

Imported Meat.

The regulations regarding imported meats are redrafted so as to be more comprehensive and complete. Each foreign country from which meats are being shipped to the United States will be supplied with copies, as will United States Consuls, so that a strict compliance with them may be had.

FINDS HOMINESS AT THE LOCAL INSANE HOSPITAL.

(By Dr. A. W. Brayton.)

Dr. Benjamin S. Potter, born in 1874, graduate of Indiana Medical College in 1906, in earlier years teacher in public schools, has been for four years superintendent of the Marion County Home for the Incurable Insane. We doubt if any better man could be found for the salary, which is less than $2,000, although it includes a moderate salary for his wife as matron, and house and home for his two charming little daughters, five and three years old, and his baby son of less than

There are on the average two hundred inmates, fairly evenly divided as to sex, the average age apparently about fifty. The death rate is some forty each year. Every one of these patients Dr. Potter knows personally, sees every day of the year, and can call by name on sight. And his little daughters often accompany him on his rounds, as they are in perfect safety; there are few violent patients, and only one man who is kept in a cell. The cleanliness of the place is surprising. Every wall surface is painted, washed and scoured; the floors are spotless.

Many Personally Known.

One is surprised, if he knows several thousand citizens of Indianapolis through a period of thirty-five years, as the writer does, to see how many are in the home whom he knew personally, or in their family relationships—a good old doctor of eighty years, once as familiar in Ohio street as any physician in the city, happy and contented and offering you a cigar— and "this is So-and-So's brother," or "This is the mother of," etc. Just the little accidents and results of injury and disease or unfortunate environment that have come to them may befall any of us.

Mostly the men love to work. You can pick out at once the healthy and bronzed fellows who have unloaded and stored the winter's coal, have pruned the grapes, have picked the 165 bushels of plums, and are irrigating the cucumbers and watermelons. The amount of small fruits, grapes and stone fruits is tremendous, for the superintendent is a natural farmer and fruit grower. No scale or red spider in his stuff, and there is plenty of it—one hundred gallons of maple syrup is one of his forest assets.

We saw the men and women at their 6 o'clock supper; it was cleanly served, and ample and the dishes varied.

Physician, Photographer, Printer.

The writer says we—that is Dr. Alfred Henry and the writer, who on Friday, July 24, drove out by the well-oiled and smooth Brookville pike twelve miles to the home at the extreme east region of the county. We were there by 5, only stopping to call on Dr. John F. Payne, of Julietta, who graduated from the Central College of Physicians and Surgeons in 1886. He is "a good man and lives by the side of the road," most regular attendant of the Marion County Medical Society—his card reading, "Physician, Photographer and Printer, and Manager of the Julietta Printing Company." He has all the modern machinery of treatment, electric, bathing, vibratory, X-Ray, microscopes, and instruments for

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diagnosis. His series of rooms is a museum and it is a wonder that doctor, patient or visitor can find his way in or out. He is,

Master of all he surveys,
With no one to kick or dispute,

and is capable of being all things to all men. Stop and see him when you visit the Julietta home; you will know the place by its big, welcoming stone porch.

Advises More to Visit the Home.

We wish more of our physicians and townspeople might visit Dr. Potter's institution. We hold no brief for him and never met him three times since he graduated. He is the man for the place and his work speaks for him as do his patients and their friends. There is nothing distressing about the home. One would like sketches of some of the sad and quiet angel faces of the old women who sit beside the silent sea and wait the muffled oar with what peace they can until the day of their deliverance.

Mr. E. I. Lewis should write up the Julietta home as part of his argument for the substitution of county homes for the great state plants for the chronic insane—for while they are known as "hospitals," it is none the less known that but few patients are cured—they are just stopping places for the increasing multitudes on the road to death.

The advantage of county homes, if well managed, is that the friends of the patients may visit them often, take them home for over Sunday furloughs and week-end visits; bring them little delicacies and pretty adornments; keep them in touch with their old surroundings and old friends, and in some cases restore them to their homes to the end of their days.

Kindly Care of the Incurable.

Such a home as this should have room for five hundred to one thousand patients —for they do not need medical care as much as they need work and recognition as friends and neighbors. The farm and orchards should include five hundred acres; the inmates could till a good part of it. For a new hat, a melon, a box of goodies, a bunch of cigars, a bottle of pop, a little responsibility placed on them, they give good returns in love and labor for the expense to which they put the county. Surgery might relieve some of the epileptics whose skulls have been depressed by injuries. There are some who might reap benefit for conditions due to luetic infection early or late in life. But on the whole, these patients have had ample medicinal and surgical treatment. Rest and good food, cheerful surroundings, kind treatment and such labor as farm, garden and orchard work require may restore a few to mental and physical health.—Indianapolis News.

HOW TO OBTAIN THE SERVICES OF A NURSE.

Quite frequently physicians in Indianapolis and others throughout the State seek information concerning the employment of a nurse. Reference to our advertising pages will be a matter of convenience in this and other instances. The Nurses' Central Directory, controlled by the Marion County Graduate Nurses' Association, is located at 21 The Millikan. Both phones. The Blackmore Nurses' Register and Home, under the direction of Mrs. W. J. Blackmore, is at 1237 North Pennsylvania street. Both phones.

The services of graduate and nongraduate nurses can be obtained. A nurse specified will be sent, or, if she is not available, one of her recommendation, if desired.

A NEW WAY OF VICTIMIZING.

A circular from Parke-Davis & Co. shows that some persons have issued a fake price-list which is not only an injury to this reliable firm, but also to the victims who bite at the bait. It appears that those who do not hesitate to wrong the public have inserted the names of certain specialties representing to be made by Parke-Davis & Co. in a privately prepared price-list. Some of these are inserted in a general price-list used by some other firm. One instance is wherein a certain serum must be pur-

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chased from a so-called cure-all concern which can get a great reduction for the patient if said concern is allowed to be the medium between Parke-Davis & Co. and the patient; while, in fact, Parke-Davis & Co. do not manufacture such a serum. It is a new way of victimizing the afflicted that does not fall short of a crime. Evidently the courts will be heard from.

PANAMA-PACIFIC EXPOSITION.

The year 1915 at the Panama-Pacific International Exposition promises to be "Frat Year." Already thirty-three national conventions of Greek letter fraternities are scheduled to meet here. The last two that have come to the scheduled list are the grand lodges of Theta XI and the Council of Phi Delta Kappa, which will meet in July, 1915.

A pretty ceremony participated in by water nymphs and a personification of Old Neptune himself was held on the grounds of the Panama-Pacific International Exposition Saturday, July 11, when the "Natatorium" of the Exposition Zone was begun with official ground breaking. Pretty swimming and diving girls had a part in the afternoon event.

NEWS ITEMS.

A letter from Dr. A. E. Mozingo states that he has received the appointment of interne at the Metropolitan Hospital, Blackwell's Island, New York. There are twenty-nine internes at this hospital. The term of service is two years. After graduating from the Indiana University School of Medicine Dr. A. E. Mozingo served a year's internship at the Methodist Hospital in Indianapolis.

Dr. N. E. Jobes spent the latter portion of the summer at Maxinkuckee.

Dr. Walter McFadden, of Shelbyville, selected Atlantic City for his vacation point.

The funeral service for Dr. Burchard H. Roark, a former Indiana man, who was killed May 30 in an automobile accident near Spokane, Wash., has been delayed pending the arrival of relatives who live in Advance, Ind. Dr. Roark, in company with C. H. Thomas, a Spokane business man, was on his way in his motor car to a summer resort to spend Sunday when an electric train on the Spokane & Inland Empire Railroad struck the machine, hurling Dr. Roark and his companion several yards. Both were killed. It is understood Mrs. Roark will reside with relatives in Seattle after the funeral.

Dr. and Mrs. J. D. Moschelle have returned from a pleasure trip to Washington, D. C.

Dr. C. G. Mackey has returned from a fishing trip to the lake region near Rochester, Ind.

Dr. J. R. Eastman left Indianapolis on July 22 to attend the clinical congress of surgeons to be held in London. He is to read a paper before that body.

Dr. W. T. S. Dodds delivered an address in Veedersburg, Ind., July 21, relative to matters pertaining to preventive medicine.

Dr. and Mrs. Eugene Buehler spent the latter part of July at their cottage near Rochester, Ind.

Dr. A. L. Marshall is taking special work on the eye in Chicago. Doctor Marshall is superintendent of the Bobbs and City Dispensary and also of the Protestant Deaconess Hospital.

Dr. Maynard A. Austin, of Anderson, has returned after an extended trip through Eastern cities and has announced by card that he will limit his practice to surgery, diseases of women and consultation. His office is 359 Union building, Anderson, Ind.

Dr. Ada E. Schweitzer returned July 29 from Chicago, where she was the guest of Dr. and Mrs. J. P. Simonds. Doctor Simonds went to Chicago March 1 as associate professor of pathology in the Northwestern University Medical School, and is glad to again be within hailing distance of Indiana friends. He was formerly superintendent of the State Laboratory of Hygiene of Indiana, and later a member of the faculty of a medical college in Texas.

Dr. Charles K. Bruner, of Greenfield, who was sick in Indianapolis for a few

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weeks, has returned to his home in Greenfield, and will soon be able to resume his practice.

Dr. Grant Newcomer, of Elwood, Ind., has been surgeon of the Tin Plate Co. for twenty years, and recently for meritorious service he was placed on the pension roll.

Dr. E. W. Wales, who is connected with the faculty of the University Medical School, and who has not been in good health for several months, is now in the Massachusetts General Hospital. Dr. Wales had a large practice in Indianapolis, and his friends hope for his speedy recovery.

The American Roentgen Ray Society will meet in Cleveland at the Hotel Hollenden on September 9th to 12th inclusive, 1914. The program promises to be of unusual interest and value, and inclules a paper by Dessauer, of Frankfort, on the subject of artificial production of gamma rays; Coolidge, the inventor of the Coolidge tube, Shearer and Duanne will also read papers. The subject of deep therapy and the production of the hard rays will be fully presented and discussed. The rest of the program will be taken up by a large number of papers on general subjects. The medical profession is cordially invited to attend these meetings.

Dr. John C. Sexton, of Rushville, was a visitor in Indianapolis, July 22.

Drs. William F. Clevenger and Thomas C. Hood have gone to Europe and will remain until early fall.

Dr. M. L. Ploughe, of Elwood, visited friends in Indianapolis the latter part of July.

Dr. Simon P. Scherer, who was sick for several weeks, has resumed his regular office hours, Tuesdays and Fridays at 303 Indiana Pythian building.

Dr. Thomas E. Stucky on July 9th became collector of customs for Indiana. He succeeds L. G. Rothschild. Dr. Stucky is a brother of Edward Stucky, the druggist.

Dr. Arthur E. Guedel, 717 Hume-Mansur building, will limit his work to obstetrics and anesthesia, but will continue general practice until ready to announce date.

Dr. F. B. Wynn, his son James, and a party of friends will spend a month at Mt. Renerd, Washington. Dr. Wynn left Indianapolis July 29th.

Dr. and Mrs. J. A. Sutcliffe will be in northern Michigan for several weeks.

Dr. and Mrs. H. H. Wheeler have a cottage in Traverse City, Mich., which they occupied the latter part of the summer.

Dr. W. H. Foreman has completed a summer course in anatomy at Indiana University, Bloomington.

Dr. Goethe Link spent the past month in Rochester, Minn., in work relative to his specialty, diseases of women and abdominal surgery.

Dr. D. A. Rhinehart, who graduated from the Indiana University School of Medicine, and more recently instructor in the Department of Anatomy under Professor B. D. Myers, has accepted a position as the head of the Anatomy Department of the University of Arkansas Medical School at Little Rock. This is the institution in which Dr. Shipp was recently elected as the head of the Department of Pathology.

Amanda Jane Landess DeHass, wife of Dr. Thomas W. DeHass, 2152 North Meridian street, died July 29th. The funeral was at the home at 8 o'clock in the evening July 31. Mrs. DeHass was born at Pricetown, O., in 1862, and was married to Dr. DeHass in 1886. They have lived in this city since 1891. Mrs. DeHass is survived by her husband and two children, Ruth DeHass Balfour and Mark DeHass. Mrs. DeHass enjoyed social life and was a member of several clubs. She was an earnest worker and devout member of the Central Christian church. In charitable work her heart and body quickly responded and the clasps of her pocketbook loosened readily for the poor. Her friends knew that her friendship was so deep that it was almost love. As a wife she was all in all and as a mother almost akin to divinity and the last scene at home was enmassed in beautiful flowers.

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BOOK AND JOURNAL REVIEWS.

Ten Sex Talks to Boys (10 years and older). By Irving David Steinhardt, M. D., author of "Ten Sex Talks to Girls," etc., with twelve illustrations. J. B. Lippincott & Co., Philadelphia and London.

The originals of these lectures were published in Pediatics, after the author had delivered them before several prominent societies. However, they have been revised and enlarged. No effort is made to be scientific, but plain language is used with the belief that the book will be understood by all. There is an introduction by E. T. Seton, which answers the question—How much shall I tell my boy? The idea is given out that to discuss matters pertaining to sex and sexual relations should not be considered indelicate, but on the contrary, silence is criminal. Everywhere in the text an effort is made to show how to protect a boy and convince the reader that morality is worth while. The danger arising from venereal diseases is discussed at length. The subjects of masturbation, its danger and prevention, involuntary discharges during the night and vices that lead to insanity are discussed plainly yet learnedly, followed by good and wholesome advice. Love and marriage are minutely considered and suggestions are made relative to some of the qualities a wife has a right to expect in her husband and the same in reverse ratio. Some points are given about a contented marriage state and its effect upon the quality of children; and incidently we find an exposition of what is the proper sexual life during pregnancy. Babyhood and all that relates to it, although in a condensed form, is given. This book closes with this statement: The sexual relation is absolutely unnecessary to either sex, at any time, or for any reason. Keep your minds off things sexual, and you will not be bothered by things sexual.

This is a companion volume to the Ten Sex Talks to Girls recently reviewed in these columns.

Dr. Steinhardt is a medical authority whose standing in the profession is a sufficient guarantee that these books are entirely reliable guides in the teaching of the young of both sexes. They are exactly such talks as a doctor would be glad to have at hand when called upon to advise young patients, or to direct parents in the best method of safeguarding their children against errors and vice.

The medical profession does not need to be told that the need for this sort of wholesome, sane instruction for the adolescent is great, if the present appalling aftermath of ignorance and broken physical laws is to be done away with to an appreciable extent.

S. E. EARP.

The Wassermann test in the Municipal Laboratory, and the Interpretation to be Placed upon Results. By William G. Bissell, M. D., Bacteriologist and Chief of Bureau of Bacteriology, Department of Health, Buffalo, N. Y.

The opportunity to present a review and abstract of this excellent paper is in line with the policy of the Indianapolis Medical Journal. The constantly increasing use of the Wassermann reaction in the diagnosis, control and treatment of syphilis, especially latent syphilis and syphilis of the nervous system, is evidence that the reaction is of undoubted value.

The editors of the Journal have done much in the clinics of the University Medical School and hospitals of the city to popularize the Wassermann, and the profession as a whole, while realizing that the test is not infallible, are finding in it another most valuable adjunct in the diagnosis, treatment and control of syphilis.

Dr. Bissell's paper calls attention to the fact that the Wassermann reaction is being performed in the Laboratory of the Health Department of Buffalo without cost to the physicians of the city, and the only requirement is that the specimen submitted shall be that of a resident of Buffalo. This, it seems to

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the writer of this review, is a very liberal use of the test, but when it is considered that syphilis is next to tuberculosis in morbidity and mortality, the position of the health board may be defended and even commended as far as applies to the indigent. Those able to pay should pay.

The author presents, in a short monograph, the salient features of considerable research work with the object of determining the best methods for the preparation of the necessary reagents, for the collection of specimens for examination, and for making the test. As he states:

"When it was definitely decided to introduce the test as a routine procedure in the work of the Laboratory of the Department of Health, a most careful and thorough investigation was started to ascertain the features necessary to care for a large number of samples, using a system that would be practical in its application and reliable in results."

Various systems were studied; among them the original Wassermann, the Noguchi Modification, and the Method of Craig. The decision was finally reached that the following combination gave the best results.

Antigen: The method of Walker & Swift, with the exception that the extract is obtained from the hearts of persons dying from paresis, is used.

Complement: Fresh guinea pig blood serum, which should be titrated before use.

Amboceptor: Anti-human rabbit amboceptor after Noguchi and patient's serum is inactivated at 56° c. for one-half hour in a paraffin bath.

Human red blood cells, in 10 per cent. suspension, as the amboceptor is obtained by immunizing rabbits to human red cells.

The words Antigen, Amboceptor, Complement and Hemolysis are defined by Dr. Bissell with their origin. The circular describing the collection of blood which is to be submitted for examination is concise and complete. It is to be noted that the author recommends the use of the Wright capsule and the collection of blood from the puncture made in the lobe of the ear.

Explicit directions for the care of the specimen after it is drawn are given. The present writer desires to express an honest difference in the manner of collecting the blood. It may be true that the method described is the ideal one for the municipal laboratory, but with the use of the standard antigen of Field described in the Yale number of the Archives of Medicine, it would be impossible to complete the reaction with the small amount of serum to be obtained within the Wright tube.

The author also notes the variance of methods in use in many different laboratories which he visited before determining upon the method to be used by the Buffalo Health Board. From a review of the literature one may quite agree with him. The latest work published (1914), that of Boas, with a foreword by Wassermann, recomends an anti-sheep hemolytic system, using small dogs instead of rabbits, and uses for antigen salt solution extract of syphilitic foetus liver.

Citron, in the last edition of his work, follows closely the original method of Wassermann, and insists upon the use of antigen made from the liver of the syphilitic foetus. Citron holds that while it is true that one obtains the reaction with various other antigens, the luetic antigen has within it not only the toxolipoid, but the syphilitic virus as well. The standardized antigen of Field before mentioned would seem to the writer to offer a great advance in making the Wassermann reaction. Especially is this true when one considers Dr. Bissell's statement of the variance of systems in use.

The system of Field may be summarized as follows: Amboceptor, 2 units; red blood cells (sheep), 1 unit, 5 c. c. mixed and incubated for one-half hour before being added to the serum-antigen-complement mixture. One-half the quantity of patient's serum used in the Wassermann reaction, or 1-10 c. c., is placed in each of seven tubes, and 2-10 c. c. in the eighth tube. The first and

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last tubes are used for controls. The complement added must be at least 2½ units, and is used in 1-8 dilution. The antigen is a dilution of the half saturation with cholestrin of the extract of guinea pig hearts, and each c. c. represents one milligram of the combined lipoids and cholestrin.

The serum-antigen-complement mixture is incubated at 36° or 37° c. for fifty minutes, and the mixture of sheep cells and amboceptor which has been mixed and placed in the water bath for a half hour are added at the end of the first incubation. The six tubes containing antigen receive 1 c. c., 8-10 c. c., 6 c. c., 4 c. c., 2 c. c,, and .09 c. c.

If inhibition is complete in all six tubes, the reaction is read as 18 units.

3=complete inhibition.
2=slight hemolysis.
1=marked hemolysis, while
0=complete hemolysis.

This method presents two well-marked advantages: First, the standardized antigen will give the same results in the hands of all careful workers; and second, the effect of treatment can be carefully observed by the reduction in the number of units of so-called antibody present. Stress should be laid on the use of at least two or more units of complement.

As Field aptly remarks, complement is a thermolabile substance, and is readily destroyed, and therefore Wassermann insists upon the use of at least 2 units of complement.

Quoting Dr. Bissell: "Laboratory investigation to be of any value should be in accordance with clinical observation." Kaplan, in his recent work (1914) "Serology of Mental and Nervous Diseases," insists that it is better for the serologist to have absolutely no knowledge of the clinical history of the case, and the writer is of the same opinion, especially when the samples are properly collected and submitted by competent clinicians. The Wassermann reaction is a laboratory test and should under no circumstance supplant the older methods of examination. Rather it should be considered as a powerful adjunct in the diagnosis and treatment of syphilis.

In interpreting results Dr. Bissell is explicit. He calls attention to the phenomenon described in a recent article on the variance of the reaction from day to day, and quotes Craig's conclusions on page 44, Bulletin No. 3 of the U. S. Surgeon General's office, "Studies of Syphilis." In the pamphlet sent to physicians note is made that other diseases given blood tests similar to syphilis, among them Yaws (90%), Leprosy (50%), Malaria, Febrile Stage, (%?), Pityriasis rosea (few cases reported), Carcinoma especially involving the nervous system), Scarlet Fever (eruptive stage), and possibly some cases of tuberculosis, treatment also influences the reaction.

Tables for the titration of the reagents used are clear and concise. The paper is well written and presents logically the author's attitude. Every fair and open minded statement as to the methods of doing and popularizing the Wassermann test should be thankfully received and welcomed so that each worker may profit by the work and findings of his fellows. There are no secrets or reservations in medicine outside of the claims of charlatans.

BERNARD ERDMAN, M. D.

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. Volume III. Number II. Octavo of 213 pages, 55 illustrations. Philadelphia and London: W. B. Saunders Company, 1914. Published Bi-monthly. Price per year: Paper, $8.00. Cloth, $12.00.

The case of chronic empyema with osteoarthropathy of the terminal phalanges of the feet and hands is of special interest to us from the fact that we closely watched a similar case in our clinic last winter at the City Hospital, which was equally pronounced as this one. I reported the case with illustrations in the American Practitioner of New York. In regard to the physical findings in the post-pneumonia empyemias of children, Dr. Murphy emphasizes

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the presence of bronchial breathing over the area of percussion, flatness, bronchial breathing through the flatness. He says put that in red ink, because it is the misleading sound. The analysis of the case is very interesting.

Another important topic is the Abderhalden's test in tubal-pregnancy. The illustrations in the cases of ectopia testis make the description more plain. The medical phase of acute pancreatic cyst is discussed by Dr. Chas. L. Mix. He also takes up the medical relation of several other subjects including duodenal ulcer, extensive adhesions, dilated stomach, gastro-enterostomy. A description of Dr. Murphy's button operation is given. What is said concerning the thyroid by Dr. Murphy is so important that this issue will be kept for reference. Some points concerning tuberculosis of the kidney are presented with clearness. The talk by Dr. Lewis Wine Bremerman upon Vesical Papillomata consumes eighteen pages, and is well illustrated. This issue is a valuable one.

S. E. E.

Eine Tuberkuloseforschungsreise Nach Jerusalem. Von Hans Much. (Unter Mitarbeit von Drs. Canaan, Grussendorf, Hoffman, Masterman, Severin, Wallach.) Wuerzburg: Verlag von Curt Kabitzsch. 1913. Price, 3.50 m.

The tuberculosis situation in Jerusalem, and in Syria generally, is peculiar The first thing that strikes the medical visitor is the frantic fear with which the disease is regarded by the resident Mohammedan population. The tuberculous patient is thrust out the family circle and becomes an outcast. No one will consent to associate with him or to offer him a refuge. In comparison with tuberculosis, leprosy is looked upon with relative indifference, and people, to whom the cough of a consumptive is a signal for flight, will associate intimately and fearlessly with a leper. The situation, as regards these two diseases, is thus the reverse of that which obtains here and in Europe. The cause is not far to seek. In Syria, tuberculosis rarely runs the chronic course usual with us. It is typically an acute infection, extremely contagious, running a rapid course and is nearly always fatal.—Interstate Medical Journal, April, 1914. Special Tuberculosis Number.

A Text Book of Physiology for Medical Students and Physicians. By William H. Howell, Ph.D., M. D., LL.D., Professor of Physiology in the Johns Hopkins University. Fifth edition, thoroughly revised. W. B. Saunders' Company. Philadelphia and London, 1913.

Throughout this book shows simplicity and lucidity. Facts come first and theories are given a second place. The result of research work is in nowise curtailed. The general plan outlined is valuable for the beginner, as well as the advanced student and the practitioner will find this text a good and reliable reference. All evidence is sifted and such that is of importance is presented by the author; in all he shows wise judgment. Among the university school students in Indianapolis this book's previous editions have been popular and this revised edition cannot be an exception. While considering a review, Dr. Foreman said to me, this publication is surely meritorious. Some of the most complex problems are apparently made easy and those of a chemical character which have a bearing on physiology, seem to be made unusually clear. In order that the reader may follow the subject in greater detail some references from standard authors are given.

S. E. EARP.

THE AUGUST CENTURY.

The August Century is, as usual, a Midsummer Fiction Number, with short stories to appeal to a wide variety of tastes—nine altogether, including "Under Silken Skins," a story of Southern horse-racing and love-making by Maria Thompson Daviess, and "Hoodooed," a tale of darky life and superstitution by Alice Hegan Rice, of "Mrs. Wiggs" fame.

For those who do not care for fiction, there are further "Reminiscences of

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Tolstoy" by his son; part three of "Rodin's Note-Book," Marie Sukloff's story of her escape from a Siberian prison, and a paper on "The Slavs in America," by Professor Edward Alsworth Ross, besides new chapters from Arnold Bennett's delightful "Log of the Velsa," and of Albert Bigelow Paine's "The Car That Went Abroad."

THE NEW DRESS OF THE ANNALS OF SURGERY.

Owing to the continually increasing amount of material of value, offering for publication in the Annals of Surgery, the publishers have found it necessary beginning with the July, 1914, issue, to enlarge the size of the page and also to somewhat reduce the size of type in which the original contributions have heretofore been printed. The enlarged size will also enable the publishers to make a better display of the illustrations which are such an important feature of the Annals contributions.

Thirty years ago, when the first number of the Annals of Surgery appeared, the size and style then shown suited admirably. At that time a single number contained only 96 pages. They have continued to increase each year until now the average number of pages to an issue is 164. Special issues have been published in which the number has been increased to over 300 pages, with the result that the manufacturing of the Journal in the former style is not only extremely difficult, but the finished product is unwieldy and cannot be read with the ease and comfort which is due a subscriber. In fact, it required constant pressure on the pages to keep them open.

LORDLING LOVE AND LADY FAIR.

A man is known by the company he keeps; a woman by the company she avoids.

A girl of twenty judges a married man by his treatment of her; a girl of thirty by the way he treats his wife.

A woman may be a mystery to a man and to herself, but never to another woman.

Smart people never entertain angels unawares; they ask a few friends to meet them.

The road to the graveyard is paved with successful operations.

There is no discount on the cost of experience.

—August Lippincott's.

PETROLEUM FOR CONSTIPATION.

Pritchard, in the American Practitioner for July, concludes an article relative to the use of petroleum in the treatment of constipation and other diseases of infants, as follows:

1. The internal administration of crude petroleum for medicinal purposes dates from very early days, but the use of the more refined oils is of recent origin. Toward the end of the last century, it was largely administered in the form of an emulsion combined with hypophosphites under the mistaken belief that it possessed nutritive properties and could serve as a substitute for codliver oil.

2. In 1899 Dr. Robert Hutchinson repeated the almost forgotten experiments of Dr. Randolph (1884) and proved that petroleum was not absorbed from the bowel, that it had no nutritive properties, and that the only imaginable therapeutic purpose it could serve was as a substitute for mucus.

3. Acting on this suggestion in 1906 I began to use paraffin as a rational specific in the treatment of constipation in infants.

4. I found petroleum emulsion extremely useful in the treatment of all forms of indigestion in infants.

5. Its efficacy in these conditions may depend on: (a) its lubricating properties; (b) its antiseptic properties; (c) its cleaning up effect on the mucous membrane.

6. Petroleum emulsion is a most useful vehicle for all sorts of drugs, soluble as well as insoluble, which are prescribed for infants. It may be given with perfect safety in very large doses.

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INDIANAPOLIS MEDICAL JOURNAL

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SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
24½ Kentucky Ave., Indianapolis.
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This is an Independent Medical Journal whose columns are open for anything that will interest or instruct the profession. The Editor assumes no responsibility for the views of contributors.

Vol. XVII. INDIANAPOLIS, IND., SEPTEMBER 25, 1914. No. 9

ORIGINAL COMMUNICATIONS.

MATHEMATICS IN MEDICINE.*

By Samuel E. Earp, M. S., M. D., Indianapolis, Clinical Professor of Medicine, Indiana University School of Medicine.

The Science of Mathematics brings the thought of deductions involving numerical operations and methods of computation, which are rational and logical. It has been said that "if all phenomena were capable of being reduced to questions of numbers the whole domain of natural science would be brought within the reach of mathematics"; and further, that everything in numbers may be reduced to certain fundamental laws; consequently there is made possible the science of statistics which shows us the conditions of the country, its powers, utility, industries, institutions, inhabitants and all things concerning these.

Calculations are made on a basis obtained from the number of deaths and a comparison with persons living which are of great value to humanity and business interests in general. It is the nucleus of preventive medicine and the only sure means of obtaining information favorable to longevity.

The blessings which we are enjoying today can be better appreciated by a review of the valuable contributions of a past century. Halley, the astronomer, published in 1693 the earliest English table that was a life table constructed from the death records of Breslau in Silesia, because the records included the ages of the dead. The meager death records of Northampton in 1783 enabled Dr. Price to furnish the first mortality table which was the first known to be used in the calculation of life insurance premiums; upon this has been based monetary interests involving fabulous sums of money. These were not cor-

*Read before the Annual School of Instruction of Health Officers under the direction of the Indiana State Board of Health at Indianapolis, and published by request.

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rect—showing too high a rate of mortality of the younger and middle ages. These tables were computed from the ages of the dying without information as to the actual number living at various ages. (O. B. Ireland, Ref. H. B., of Science.) Progress in the method of collection of vital statistics made possible the tables of greater accuracy. This was the alpha, and the omega is not yet.

No greater progress in medicine and surgery is shown than the compulsory recognition of the necessity of the information obtained from vital statistics. What has been done in obtaining more light concerning epilepsy, cancer and tuberculosis and syphilis is truly wonderful and which are only a few of many. The question of economics is largely dependent on statistics or, more properly, is susceptible of improvement by their aid; an instance in point might be that of Dr. E. E. Holt, who by a mathematical formula has tried to show the measure of damages to the body from injury or disease. In the Medical Examiner he says that in the case of pensionable disabilities which have been determined heretofore empirically can, if certain mathematical principles and methods be applied, the pension to be given can be ascertained upon a scientific and equitable basis. The Annual Report of the Bureau of Health for the Philippine Islands, which I received from Victor G. Heiser, Director of Health, states that the bureau is arranging and classifying the statistical data of 1,500 cases of leprosy in all stages of the disease, which will be the most complete clinical record known.

Every part of the body is examined for lesions and all facts carefully noted. It is believed that the completeness of this statistical record will be a basis for valuable scientific deductions. The report shows further that by this process of mathematics in medicine information has been obtained by which more successful treatment has been given patients with leprosy, amebic dysentery, cholera, trachoma, hookworm disease, sleeping sickness, yaws and elephantoid diseases.

It is of interest to know that the information from the same source concerning our new province indicates that "the central idea is that the masses must be prepared to conduct their own defense through their own vital force, and that the most far reaching and influential cause undermining the health of the Filipino people and making them easy victims of cholera, tuberculosis and other less formidable diseases, is the general prevalence of intestinal parasites, especially the hookworm, and that it is against this condition that especial efforts are being directed and from which the greatest measure of success is to be expected."

It is said that one of the most extensive segregations recorded in history is going on. Of 4,000 lepers in the Philippines only 1,000 remain to be collected. The statistics show that there was an increase of 300 lepers annually which is now reduced to 50, and the increase in the total number of lepers has been permanently arrested. In reference to the treatment of the loathsome disease it is gratifying to know that in some cases further progress of the disease has been arrested and that from the use of the X-ray there have been some apparent cures.

I have read carefully the address of Professor Irving Fisher on "The Economic Aspect of Lengthening Human Life," which was delivered before the Association of Life Insurance Presidents, in New York. I note from the reprint which Dr. Fisher sent me that he enumerates the diseases which are preventable, some are in accordance with his tables as follows: tuberculosis, 75 per cent. preventable; pneumonia, 45 per cent. preventable; typhoid fever, 85 per cent; diphtheria, 70 per cent. On the basis of these ratios of preventability or rather postponability of death he shows the possibility of the extension of the average human life by saving lives now lost by preventable diseases. Some of the diseases of childhood could be rendered 50 per cent. less.

The reduction of mortality could be accomplished by the life insurance companies' adopting a method of education, and paying for the same from their own exchequer. If there were a reduction of one-third in mortality the premium would

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be reduced 15 per cent; if only one-third of this possible reduction were obtained the insured in the United States would be saved many millions each year. For an insurance company to interest itself in improving such conditions would instil confidence in the minds of the people and further the system of education.

Dr. Fisher advocates that the money to be invested in life-saving should be largely in the education of the public, and especially the policy holders, in health matters. For instance, by the expenditure of $200,000 a year, the people could be made to appreciate the importance of bettering conditions, and every dollar invested would be multiplied a hundred fold. It is suggested, however, that cities of the United States furnish a like sum, although this would appear that the amount would be furnished by an individual both as a policy holder and as a taxpayer.

Dr. Welch is quoted as saying that the neglect of health is a disgrace to the nation. Some states have no boards of health. Few have good ones. A minority have accurate registration of deaths and not one has an accurate registration of births. We therefore lack the first step toward efficient national health protection —good vital statistics.

Looking over the advance sheets of an address by Dr. Burnside Foster, on "A Suggestion Concerning the Increased Longevity of Life Insurance Policy Holders," delivered April 2nd, I find the same trend of sentiment and a suggestion that a letter be sent each policy holder asking him to present himself at certain intervals to the company's physician to determine the character of his health so that preventive medicine may have an opportunity to show itself in exact science.

Dr. Foster says: "The people would share largely in the financial benefits, since the cost of their insurance would be lessened and the medical profession while not profiting financially—indeed, preventive medicine is directly against the financial interests of the medical profession—would take pride in its share of the added benefits to mankind. When preventive medicine becomes actually preventive, a large number of diseases, notably the communicable diseases, will become practically extinct, just as the bubonic plague and cholera are now most practically extinct in most highly civilized communities. It will be necessary, however, in order to keep the sanitary defenses of a nation properly manned to have at all times a large standing army of medical men who will be servants of the state rather than the servants of the individual. This is the ideal of the future of the medical profession."

We readily discern that these represent another phase of mathematics. Death claims make a heavy tax on policy holders and possibly if the system seems practicable, certain diseases may be eradicated, prevented or postponed; and the conclusion would naturally follow that in time the premium of the policy holder would be reduced. The whole question is one of economics with a statistical basis.

Still another phase of mathematical medicine is apropos at this juncture: The researches of sanitarians and the statistics which they have furnished concerning the connection which the housefly has with disease dissemination. There can be no question but that the bacilli of consumption and typhoid are distributed by flies, and they are, no doubt, the chief cause of the intestinal epidemics in some of our American cities. It is particularly noticeable that milk epidemics and fly season are closely related. It is also true that here we find one of the chief agencies in the spread of Asiatic cholera. Jackson is authority for the statement that the fly is the source of a high percentage of diarrheal diseases from which about 7,000 children die annually in New York City alone, and the tabulated statistics show that in American cities and foreign cities as well, furnish a marked rise in deaths from typhoid fever and intestinal diseases. Hubert states that typhoid fever is certainly disseminated by flies, although there are, of course, other sources of infection.

Flies pollute food and drink by means of the excreta which they convey from dung-heaps, manure pits, open closets, and the refuse that they carry from rot-

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ting vegetable matter. They breed almost exclusively in excrement. They certainly disseminate cholera, and cases of of tetanus seem to have been originated through their agency.

A tabulation taken from Bulletin No. 51, of the Agricultural Experiment Station, at Stoors, Conn., founded upon the investigations of W. M. Eaten and C. J. Mason, shows the bacterial population of 414 flies. The numbers of bacteria on a single fly range from 550 to 6,600,000. The average for the 414 flies was one and one-fourth millions bacteria on each. For this information I am indebted to a publication of the Merchants' Association of New York, that I received May 15. One of the accompanying tables presents the actual figures by weeks, during 1907-1908, of the deaths from diarrheal diseases in New York City, and the number of flies caught in traps during fly season. The statistical conclusions used herewith are verbatim.

"If, during the fly season, we subtract fifty deaths a week as being the normal weekly death rate from diarrheal diseases, excluding typhoid fever, we shall have 4,496 deaths due to flies during 1907, and 4,012 deaths due to flies during 1908. By the same process if we subtract six deaths a week as being the normal death rate from typhoid fever in New York City, due to imported cases and direct transmission from these cases, we have 330 deaths from typhoid fever during fly season in 1907 traceable to flies as against an estimate of 260 deaths from the same causes in 1908. Thus we see that there was a reduction during fly season of about 20 deaths from typhoid fever and 546 deaths from diarrhea, as a result of the removal of unsanitary conditions from the drama in which the housefly was the star actor.

So perfect has been the work of sanitarians and statisticians that the people can no longer refuse to comply with the rules of health boards. The cry of the ignorant that this is another mare's nest of the scientist will no longer hold good. The facts are now recognized by the courts of justice. "The House-Fly at the Bar," by the Merchants' Association, contains the following paragraph:

"The courts have passed upon the question of damages for a sufferer from typhoid fever who could trace his illness to flies feeding upon the filth of sewage. A few years ago a man living in Germantown, Pa., recovered heavy damages from the city for his illness, which he proved was caused by a stream flowing through his yard which had been polluted by sewage from a house tenanted by a typhoid patient. The defense relied upon proof that the plaintiff had neither drunk nor bathed in the stream, but an entomologist convinced the jury that he had contracted the disease through the medium of flies which had carried the infection from the stream to the food exposed to their visits in his house.

The methods for dealing with the fly nuisance which will include the checking of the breeding of flies as well as the protection of food would not come within the province of this paper. The general assembly enacted a law which clothes them with this authority and while in the past the health officers have done their duty now they have opportunities to do more and we have confidence that they will do it.

The health service of Indiana is the State Board, its county and city health officers. They are integral parts of a system and have a duty to perform not the least of which is to be responsible, so far as it is in their power, for accurate vital statistics. Good sanitation, prevention of disease and the success in the treatment of disease depend upon these fundamentals. While it is true that the state is obligated to its citizens yet what can be accomplished without the earnest work of its representatives? Hence, the realization of duty on the part of each health officer. I take it that no one is so ignorant as not to appreciate what should be done and how to do it, not that they have the knowledge and are derelict. In either case such a person should be removed for incompetency, yet this suggestion is superfluous at this time since I believe it will not apply to Indiana.

If we read the circulars sent out by the health officers of Indiana and Illinois we see the system of education that is car-

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ried on. It seems to be preposterous to believe that it is necessary for a board to suggest such things to its cohorts and yet it has a double virtue, for the laity are also educated and perhaps aroused from their lethargy. Dr. Wilbur referred to this matter showing that such records are of inestimable value to every relation in life.

From the latter states circulars he emphasizes such an example as births. This includes descent and inheritance, guardians and wards, disability of minors, administration of estates, insurance and pensions, requirement of foreign countries in matters of residence, marriage and legacies, marriage in this country, in voting, jury and military service, right to practice in the professions, to hold public office, law enforcements relating to education and child labor.

These are some of the factors which furnish an unanswerable argument in favor of a thorough and accurate record. I could cite several instances wherein the absence of a birth report prevented wealth from eradicating poverty, caused hardship in other channels and frequently defeated justice.

In commerce, trade and agriculture statistical information tends toward progression, in reality it is the foundation for success. It is true with traffic, navigation, capital, labor and in fact in the business world it is the telltale of profit or loss.

And it would be a calamity and a step backward not to know the number of annual births, deaths, sex, etc., those who are born, and those who die, and what can be more important than the infectious diseases. Dependence is placed upon the members of the medical profession who owe it to science, society and mankind.

The secretary of the Indiana State Board of Health, Dr. Hurty, said to me: "Indiana has a splendid vital statistics law. It is not perfect, for there are two or three minor flaws in it, but on the whole it is good. It provides that all physicians shall report immediately all deaths which they attend, the same to be reported on blanks furnished by the State Board of Health. It further provides that all physicians and midwives shall report the births which they attend within twenty days after their occurrence; and further it provides that all contagious and infectious diseases that are listed in the rules of the State Board of Health shall be reported.

The secretary has contended that it was a mistake to give twenty days in which to report births. It was a piece of folly. They should be reported within twenty-four hours, no excuse to do otherwise.

It is well that all original birth and death certificates are tabulated and bound in the secretary's office for future needs.

It is important that information be correct concerning the cause of death and the tables obtained therefrom are the most valuable of mortality statistics. The imperfections as a rule result from the incomplete statement of the causes of death. Physicians are responsible for the indefinite terms and they only can apply a remedy. The United States Census Bureau issued a circular which contains the requisite information and a copy was mailed to every physician in the United States. And it is hoped that physicians will conform to the International classification of the causes of death. This circular is entitled "The Relation of Physicians to Mortality Statistics" and has been approved by the American Health Association.

If statistics are correct there would consequently be a uniformity throughout the United States, which is almost necessary that there should be. This end can not be attained until the physicians eliminate such terms as: dropsy, debility, exhaustion, inanition, shock, and a number of meaningless terms if designated as a cause of death. It is strange that symptoms are so frequently given in statistics as the cause of death. Comment upon them would be superfluous at this time.

Every one is familiar with the forms that are used in Indiana which conform to those recommended by the United States Census Bureau and have been adopted by all registration states. We should feel proud of our own state since

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as a result of a successful campaign of education, its methods and records have enabled it to rank first of fifteen states that have been credited with superiority in this line of work.

The last circular of the census bureau contains a postscript that is worth repeating: "It is probable that the true solution of this question will not be reached until physicians and coroners are educated in the proper reporting of causes of death so that their order of statement can be depended upon; and until registration officials shall at once detect any inconsistency or anomaly of statement, and secure prompt correction or interpretation thereof so that a simple rule of dependence upon the diseases causing death as reported by the attending physician and accepted by the local registrar can be followed."

Indiana has a good system by which it obtains its vital statistics and physicians as a rule have done well but there is room for improvement. If we think we have done our duty let us do it better. "Backbone", in its epigrams, wisely says: "Letting well enough alone never raised a salary nor declared an extra dividend, and what was well enough for yesterday is poor enough for today—do it better 'Seek out that automatic act of habit—do it better.' 'Put another hour on the task well done and do it better.' 'Strive not to equal, strive to surpass—do it better.'"

THINGS THAT COUNT.

By George L. Servoss, M. D., Gardnerville, Nevada.

Etiology, pathology and diagnosis, during the past decade or more, have been receiving the major portion of attention of the doctor, be he surgeon or internist. This is right, but in our eagerness to demonstrate the cause and the character of the morbid condition, and give it a name, we should not overlook the fact that the relief thereof is the demand of our patient.

The surgeon, as is usually the case, is a "lap ahead" of the internist, in that he, through mechanical means, brings his patient back to as near the normal as may be possible. In so doing he may have mutilated or either partially or wholly, removed one or more of our organs, but he has made a well person of his patient. The surgeon has the advantage over the internist in having a view of his field of endeavor. He sees the pathologic portion and like the cobbler, makes his repairs directly.

The surgeon not only knows the cause of the condition under observation, the deflection from the normal in the diseased tissues, as well as the name thereof, but, as a rule, knows, and that almost, if not quite, absolutely, the remedy to apply to bring about a correction. Consequently surgery is practically a true art.

The internist, on the other hand, although he may know the cause, the deviation from the normal and the name of the condition, unlike the surgeon, he is not invariably able to bring about a complete and thorough correction. To a very considerable extent, he works in the dark, in that he can not expose the diseased areas and apply his agents thereto directly.

In all the history of medicine the internist has been obliged to rely more or less upon the findings of his predecessor and to apply his remedies through knowing that they will accomplish certain results, but without any knowledge as to how. In fact, many of our best remedies seem to have been handed down to us by men other than doctors, their actions and effects having been discovered through accident.

Because of the empiric methods employed in internal medication the advances in this department of our science have been slow. Our teachers of materia medica and therapeutics have invariably worked in a half hearted manner, and for the simple reason that many of them have not had absolute confidence in the things which they were teaching. Until very recently every one of our text-

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books have been simple rehashes of those previously published, with possible additions of later observations. One who goes through the books, dealing with drugs, which have been published within the past decade will find but few improvements over those printed two, three and four decades ago, in so far as drug agents are concerned. The recent authors, like those of the earlier days, still suggest, either directly or indirectly, that we try this, that or the other agent, with the hope that one, at least, will be efficacious. Even today, with our advanced knowledge of pathology, we find the old-time "shotgun" mixtures still in favor with some of our leading internists.

With the discovery and adoption of the germ theory of disease, an effort was made to find agents which would destroy these etiologic factors of disease production. While some have been found worth while, we have not, as yet, discovered an agent of destruction for every germ. To bring about the destruction of many of them it would be necessary to destroy the host as well.

Instead of making a great endeavor to bring about the destruction of the bacteria causing disease, our latter-day physician is making a greater effort to enforce elimination, in that the toxic products, following germ attachment, may be removed as rapidly as possible. Or at least that is his endeavor when employing drugs to combat infection. The internist has found that it is not the germ, in itself, which produces things other than normal, but the materials elaborated either through the life or death of the organism, and that it is these diseases which must be gotten rid of as rapidly as possible. This takes the eliminants out of the realms of empiricism and gives them a definite and rational use.

Time out of mind, we have given either the initial purge, puke or sweat in ushering in our treatment of practically all diseases. Until within very recent years we have not known why this should be done and we have done it simply because of the fact that our forefathers have shown better results following such method. Today we know why we do this. Charcot said that not less than 95 per cent. of all diseases were due to toxin absorption from the bowel, this due to germ presence. By thoroughly emptying the alimentary canal and increasing skin function, if the latter be indicated, we have gotten rid of a complicating element of considerable importance and, as a rule, we are left with only the specific infection with which to deal. We of the modern school follow up this clean out with such agents as will keep the stomach and bowel subsequently clear and clean. We do not rest with the initial purge, but subsequently exhibit the antiseptics and these today followed by the Bacillus Bulgaricus, the latter for the reason that we know that this body is unfriendly to other and pathogenic germs. Thus has our initial purge, puke or sweat been taken out of the realms of empiricism and made rational. Thus have we found that a clean bowel, or entire elimentary canal, for that matter, favors an earlier return to the normal, even in the face of an infection far removed therefrom. Such treatment removes, and that wholly or nearly so, the toxin producing function of the alimentary canal. The purge not only serves to do this, but in many instances, favors the removal of other toxins. Agents which stimulate the liver and kidneys to higher function likewise have a similar effect, in that they favor the removal of effect material from the blood and tissues. Consequently our eliminative agents have practically all passed into the rational class or drug agents, and very largely from the empirics.

Time was, when we exhibited those drugs which reduce the higher temperatures without knowing just why they had such an effect. Today we know more about them. We know that some of them act through capillary dilation, thus serving to equalize the circulation and overcome localized congestions. We know that others act through the slowing of the heart and that others gain their effect through their action on the nerve centers, and we also know that most of the febrifuges have specific indications. We know that veratrine is employed rationally during the earlier and sthenic

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stages of pneumonia, but that aconitine is preferable later on. We know that veratrine is the antipyretic to employ in the fact of delirium and apparent toxemia, in that it favors prompt elimination.

A few years ago he who would exhibit strychnine in connection with any of the sedative drugs would have been the subject of ridicule. Today we employ this drug in such connection and find it has a synergistic effect and we know that it acts through increasing the vital powers, and to all intents and purposes the use of this agent in this manner is rational.

Until very recently, in the face of an internal hemorrhage we resorted to the opiates, in that the affected part might be placed completely at rest. Today our process is different. We know that, through dilatation of the efferent vessels, those of the periphery, we may withdraw the blood from the affected area and thus stop the bleeding without employing drugs of a marked toxic nature, or one which will lock up the eliminative functions and thus favor a condition of subsequent toxemia. The two drugs of paramount importance which will give this effect are nitro-glycerin and atropine. The first mentioned gives almost immediate effect and a full, hypodermic dose of the latter will maintain the action. This withdrawal of blood to the periphery gives nature an opportunity to correct the deviation from the normal. If these agents are followed by either the chloride or lactate of calcium, or these in combination, or by normal serum hypodermically, there is usually no return of the hemorrhage. Here again do we find a rational use for drugs, or other internal agents.

We have stated but a few of the examples of drugs which have been taken from the ranks of the empirics, through study of their specific effects. One could go through the entire list and point out numerous others, but space will not allow at this time.

The discovery of efficacy of the bacterial vaccines, or bacterins, the immunizing serums and antitoxins, has done much to bring internal medicine within the bounds of art and out of the empirics. All, of course, has not been learned as yet as to the real action and effect of these agents, but suffice to know that, in the face of specific infections, they act to bring the patient back to the normal, and that in the least possible time. There are reports of failure, but these are not due to lack of proper technique, or to the lack of proper means of combat, but to the fact that strains of the particular germ combatted are not in the bacterins employed. As we get to know our infecting agents better, and how better to prepare our agents of combat, the more nearly will this portion of our science become an art. Vast strides are being made in immunity today and it is undoubtedly a question of but a short time until we will have practically all the infections well in hand. Undoubtedly, as time goes on, we will see our people immunized against disease, rather than treated for them after the attachment of the infecting agents.

The strides in the therapeutic world, within the past decade, have been immense. The single drug for the single indication is rapidly becoming the rule and we find polypharmacy the exception, rather than the rule. There is getting to be less and less of the exhibition of many like drugs in one combination with the hopes that one or more will be effective. There is every reason that drugs should be given more and more study as time goes on. In this way, and in no other, will internal medication become an absolute art, and not a product of empiricism. Regardless of the fact that we have been taught in the future that drugs will be worthless, or nearly so, and that by some of the so-called authorities, we now know that these men are in error. This is being shown in the fact that those who have written on the treatment of the sick are, in their later writings, giving us more on treatment, through the use of drugs. There is not as much left to expectancy, as was the case a decade or two ago, and we hear less of the "self-limited" diseases, as we who have administered drugs rationally have shown that jugulation of some pathologic conditions is possible. The introduction of the biologies has had much to do with the wiping out of the

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idea of self-limit, as many of the infection have shown the abortifacient effect of such agents. As time goes on, and our authors study drugs and their action more thoroughly, and thus know better their applications and effects, we may look for better directions for their use. Now that we are so well versed in the pathology of diseases we should give more attention to those things which will favor the resumption of the normal. A thorough study of therapeutic agents is the only thing which will bring about the latter.

COLLICULITIS WITH CASE REPORT.

By P. E. McCown, M. D., Alternate in Genito-Urinary Surgery, Indianapolis City Hospital.

The presentation of this paper has been prompted by the apparent paucity of literature on this subject. Urologic interest seems to be directed toward the prostate and seminal vesicles to the practical exclusion of the verumontanum of colliculus. Since the perfection of the posterior urethrascope, we are able to diagnose and easily eradicate many obscure symptoms referred to the bladder neck. In fact some patients are cured by a few simple treatments through the urethrascope, that formerly had suprapubic and perineal cystotomies. It is my purpose to call to your attention a condition which, in my belief, is equally responsible with the prostate and vesicles in the production of one of the most distressing conditions with which we have to deal—namely, sexual neurasthenia.

The colliculus or verumontanum is located on the floor of the prostatic portion of the urethra and is so described by anatomical authority as a "narrow longitudinal ridge—formed by an elevation of mucous membrane and its subjacent tissues. It is eight or nine lines (twelfths of an inch) in length and a line and a half in height, and contains, according to Kobelt, muscular and erectile tissue. On each side of the verumontanum is a slightly depressed fossa, the prostatic sinus, the floor of which is perforated by numerous apertures, the orifices of the prostatic ducts. At the forepart of the verumontanum, in the middle line, is a depression, the sinus pocularis, and upon or within its margins are the slit-like openings of the ejaculatory ducts. The sinus pocularis forms a cul-de-sac about a quarter of an inch in length which runs upward and backward in the substance of the prostate beneath the middle lobe."

No doubt this description applies very well to the colliculus as found on the dissecting table and is the one still used in some of our later text-books on Urology. However, the use of the modern urethrascope in the living subject, reveals a vastly different picture. Here we see the colliculus, not as a ridge, but rather as a mound of tissue—possibly longer in the antero-posterior diameter—yet with a more or less elliptical or circular base, which rises into a pyramidal or cone-shaped body, one to three-twelfths of an inch in height. The top may be pointed, dome-shaped or appear flattened as though the apex were cut off. The sinus pocularis or utricle may be found at the apex, in the front wall or occasionally in the posterior wall of the body. The openings of the ejaculatory ducts, to my observation, are usually located near the base rather than high on the wall of the colliculus. With the wall of the posterior uretha well dilated the slit-like opening of the prostatic ducts in the lateral or prostatic sinus may be seen. The colliculus is movable on its broad base and seems rather of sponge-like consistency.

The verumontanum is always involved in gonorrhea of the posterior urethra, becoming highly inflamed and in prolonged infections of the prostatic urethra, this hypertrophic change presents after disappearance of the causative germ. Endoscopic examination shows a very much enlarged deep red or bluish colliculus which bleeds profusely. Granulation tissue frequently covers all or part of the organ. The openings of the ejaculatory

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and prostatic ducts, if seen, are swollen and pus is frequently found exuding from them. In chronic untreated colliculitis the round celled infiltration is replaced by connective tissue and the organ appears flat or irregularly atrophic and whitish or grayish in color. In the long-standing cases cysts may be found.

While gonorrhea is the usual cause of verumontanum disease, yet to my observation it follows not infrequently (and concurrently with prostatitis), sexual excesses such as excessive coitus, coitus interruptus or withdrawal and the other forms of abnormal sex activity.

The following case report illustrates the non-venereal causation:

Mr. N. B., age 33, married eleven years, one child 7 years of age. Since birth of son has practiced coitus interruptus. Ten days before presenting himself for treatment, he noticed a discharge from urethra, accompanied by urgency and frequency of urination and a burning raw sensation in perineum and bladder neck. He was at loss to explain cause, as he had not indulged in illicit coitus. Had noticed diminished sex power and desire. Microscopic examination of pus expressed from meatus showed a few pus cells and squamous epithelia. Rectal palpation discovered a very hard and exquisitely tender prostate. The urethral discharge was stopped by three intravesicle irrigations of potassium permanganate. Endoscopic examination showed a large, deep red, bleeding colliculus, extremely sensitive to touch of the cotton applicator. Three applications of two to five per cent. silver nitrate solution stopped the bleeding and reduced the organ to proper size and color. The treatments were given at six-day intervals. Prostatic treatment was then started. However, the symptoms were relieved by the treatment directed to the colliculus.

The very close relationship in the genital sphere of the colliculus to such important organs as the prostate and seminal vesicles make it rather difficult to say definitely to which such symptoms, as premature ejaculations, impotence and the other male neuroses, are due. For a long time we have believed the prostate to be the seat of sexual health and happiness as well as sex disorders. Recently the pendulum has swung somewhat toward the seminal vesicles and new operations and methods of treatment have been devised for them. It was with much interest that I read of Wolbarst's case, presenting the symptoms mentioned above which had had his seminal vesicles removed (by the method of Fuller) without relief. Endoscopic examination showed two small cysts, which were removed and their bases cauterized with silver nitrate. Wolbarst reports the relief to be almost instantaneous. Is it not plausible that an inflamed turgid body, though it be small in comparison to the other sex organs, yet much better supplied by highly specialized nerve plexuses, so placed that it obstructs and receives the brunt of frequent voidances of urine and frequently the irritating contact of pus from the vesicles and prostate, can produce such annoying symptoms. It is, in fact, my belief that the verumontanum will be recognized as having at least equal importance with the prostate and seminal vesicles in the future treatment of impotence, sterility and the male sexual neuroses.

It behooves us, therefore, when a case presents sexual symptoms or painful symptoms referred to the bladder neck, to make a careful endoscopic examination of the posterior urethra; this is especially true when the case has not responded to urethral dilations, irrigations or prostatic massages.

The following case under treatment at the present time, may be of interest:

Patient, age 28, had numerous attacks of gonorrhea, but has been well treated each time. Presents symptoms of diminished sex desire and power, premature ejaculations at coitus, burning of bladder neck and perineum, terminal hematuria after alcoholic debauch, is extremely nervous and much worried as to the future of his sexual life, as he is contemplating marriage. Such cases are liable to worry, annoy and make the doctor nervous if he doesn't do something of benefit promptly. Examination revealed a typical inflammation of the verumonta-

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num, which is apparently responding to direct applications of silver nitrate.

In the treatment of this condition, the galvano-cautery and the Oudin current are frequently used with good effect, especially where cysts are present. Irrigations of potassium permanganate or silver nitrate are best used in purulent conditions. As the suppurative process recedes, posterior urethral instillation of silver will frequently clear up shreds in the urine and relieve the other symptoms. However, my best and most satisfactory results have been brought about by the direct application of silver nitrate through the endoscope. When cysts are present, they may be ruptured and removed by the endoscopic knife or snare and their bases well cauterized. Moreover through the urethroscope, we can apply strong medication directly to the inflamed tissue without affecting the surrounding tissue as we are liable to do in instillations. Treatments are given at five to ten day intervals and the relief is usually early. Treatment in the chronic or atrophic form of colliculitis is more prolonged and difficult; fortunately it does not present the insistent symptoms of the more acute stage. In this instance, we are dealing with scar or connective tissue formation. Dilatation with sounds and the Kollmann dilator, followed by intravesicle irrigations seem to give the most reliable results.

THE LONDON MEETING OF THE CLINICAL CONGRESS OF SURGEONS OF NORTH AMERICA.

By J. R. Eastman, M. D., Indianapolis.

Fortunately, the work of the Congress was completed before the outbreak of the European war. Except for some inconvenience and delay in securing return passage, the war detracted in nowise from the complete success of the Congress.

More than forty general and special hospitals opened their doors to the American visitors and there was no overcrowding anywhere except at the clinic of Sir Arbuthnot Lane, whose somewhat sensational work made him the greatest magnet. Every day there were many visitors at Guy's Hospital to view Mr. Lane's colectomies, short-circuiting operations and bone-platings. Astounding as it may seem, Mr. Lane is removing the entire colon for such diseases as tuberculosis of the carpus, Pott's disease, exophthalmic goitre and multiple periarthritides. Mr. Lane is sui generis. He can be compared to no one else. As a medical and surgical heretic and iconoclast he commands the greatest interest. Here are some of his commentaries: "Anything which is universally believed to be right is quite sure to be wrong." "Nature never does anything right," "Physical exercise is to be condemned; athletes are all toothless at forty," "I have done this operation so often that it has become a reflex," etc.

Every one was impressed with Mr. Lane's wonderful deftness as a surgical technician. Very few were ready to express opinions as to the permanency of the attractive edifice of original surgical theories which he is erecting; however, all those who witness Mr. Lane's technic and have heard his running commentary and witticisms agree that in the first instance he is stunning and in the second charming.

Mr. John Barry, of the Royal Free Hospital, stated publicly at the Congress that Sir Arbuthnot Lane is very backward about presenting his cleft-palate cases after operation as proofs of the results as to phonation, etc. Mr. Barry said he had never been able to induce Mr. Lane to show him a cleft-palate case after operation.

One of the delightful papers of the Congress was that of Mr. Robert Jones, of Liverpool, on the internal derangements of the knee. Mr. Jones emphasized that the most constant symptom of the displaced or fractured semilunar cartilege is sudden inability to extend the knee.

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The most common cause is strain thrown on the external lateral ligament while the knee is flexed and the tibia rotated outward. He never operated any case immediately after the first displacement since a large portion of these patients recover under rest treatment.

Professor Tuffier, of Paris, reported his work on transplantation of ovaries. He had found grafting of ovaries from one patient to another to be exceedingly difficult, but hoped that it might become successful with the improvement of technic. In performing double oophorectomy before the menopause it is his custom to graft the patient's own ovarian tissue into the subperitoneal fat in order that the disagreeable phenomena consequent upon induced climacteric may be avoided.

Dr. Henry Jellett, of Dublin, read a paper on the subject of "Coaptation of the Levator Ani in Perineorrhaphy. He described and presented as somewhat new the operation which is in quite general vogue in the United States and other parts of the world and consists in exposure and accurate apposition of the levatores ani muscles. He said nothing about the treatment of the overlying fascia.

Strange to relate, Mr. McCann, of the Samaritan Hospital, raised a question of priority as to this technic. It has long been a popular theme of discussion in surgical societies in our country. The English seem not to have heard of our compatriot, Dr. Channing Barrett. These remarks are not made with any thought of disparagement of English surgery, which, be it said, is in the average better than our own.

Dr. John B. Murphy, of Chicago, presented again his technic of arthroplasty, describing in detail the technic in the case of the hip, lower jaw, the knee and the elbow joints. He presented an amazing array of stereopticon pictures and his perfectly sequential statements of new and interesting facts convinced everyone present of his unexampled greatness as a surgical teacher.

In the discussion of the subject of goitre, Dr. Mayo, whom Dr. Murphy introduced as "Dr. Chas. Mayo, of the world," speaking from his enormous learning and experience, summed up the goitre question greatly to the delight and education of his hearers. His views are so well known by all American surgeons as to require no reviewal. Among other witty remarks, Dr. Mayo, who uses simple ether anesthesia in his goitre operations, said that the choice of the anesthesia in goitre surgery seems to depend less upon the needs of the patient than the idiosyncracies of the operator.

In the selection of officers, Dr. C. H. Mayo, Rochester, Minn., was elected president; Dr. Herbert Bruce, Toronto, first vice-president; Dr. R. L. Dickinson, Brooklyn, second vice-president; Dr. F. H. Martin, Chicago, secretary; Dr. A. B. Kanavel, Chicago, treasurer; Dr. Albert Ballou, general manager.

VENICE.

Tower and turret, dome and bell,
Above the placid waterways,
Lapping the chiseled stones which tell
Of faded glory's yesterdays!

Here glide the shells, high-pooped of eld,
Like living monsters, dark and slim,
That shuttle through the traffic, held
In tortuous ways by phantoms grim.

And on the smooth lagoon are sails,
Not silken, but more soft in tone,
Where strange craft creep like water-snails,
Or drift like down by breezes blown.

While o'er the cradling waters swell
The songs of boatmen, bland and soft,
Which mingle with the clang of bell
Downpouring from some tower aloft.

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Above are crinkling red-brown tiles,
And under them the carven curve
Of crumbling beauty's deathless smiles
On sagging walls that slope and swerve.

High over all the blue arch bends
Its sheltering vault where Venice lies
All ancient-gowned, of patch and mends,
And still the fairest 'neath the skies.

Ah! here she lies! of queens the blest,
Wavekissed and stranger to alarms,
Still luring tired hearts to rest
In peace within her open arms.

Ralcy Husted Bell.

Venice, 1914.
To S. E. Earp.

THE HOUSEWORK CURE.

Father Vaughan, the noted London clergyman, shocked a fashionable congregation in the West End some time ago when he bade neurotic, disatisfied women take to the wash-tub as a cure for nerves. Since then a number of noted physicians have endorsed the idea, and actually prescribed a daily series of the ordinary tasks of home for women who have never known what it is to have to wait upon themselves.

Hutchinson ventured a contrary opinion in one of his recent brilliant-but-not-so articles, to the effect that housework aged and broke down women—an edict which was immensely popular with the lazy ones. But the fact is, if the simple acts of sweeping, dusting, bed-making, and brushing up had been planned by a physical culturist, they could not be better adapted to keep women healthy, happy, and free from the morbid ailments that come under the head of nervousness—an affliction that will disappear from the list one of these days, let us hope, as completely as has hysteria, the complaint of our fashionable grandmothers.

Women who, in order to escape the trials and expense of keeping bad servants, have dismissed them and taken up the care of their homes on a simpler scale, have been surprised how the mind is rested and the body made supple by the easy exercise and concentration called for in preparing the foods that are to be cooked and served for the next meal.

Of course, housework, to be done with benefit and without wear, must be done neatly, scientifically, and aesthetically. It must be rid of all the stigma that through ignorance has been allowed to attach itself to the duties of housekeeping, a false and degrading rating that reflects on the intelligence of the sex feminine and drives our native-born girls into stuffy shops and factories to work like slaves over dangerous machines, rather than enter kitchens of well-provided homes.

The girls who nowadays are given a course in domestic science as well as Latin and French learn how interesting and beautiful the work of the home becomes when handled intelligently and in the glad spirit that dignifies all labor cheerfully done. The artistry of cleanliness is one of the most exquisite things in the world, despite the dusty studios of the velvet-jacketed Futurists and professional table-d'hoters.

When intelligent and cultured women begin to see the aesthetic side of housework and feel the feminine thrill which reminds them that it is their part of the big scheme to make the temple beautiful, much will result which will render the appliances of this form of labor more sensible and better adapted to the purposes intended. Much has been done, of course, in the past decade, and one of the pleasant facts is that men have no sooner mastered the sciences than they have proceeded to make woman's work lighter. We have lifts and chutes, air-cleaners, electric stoves, and fireless cookers—all the wonders of the century. When we have the perfect kitchen presided over by the aesthetic, happy, antiseptically-gowned goddess of the home, we will have the perfect woman as well. —Kate Masterson in September Lippincott's.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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DR. ARNOLD LAROND'S "OLD AGE DEFERRED."

Such is the title of the fourth edition of Dr. Arnold Lorand's well-known book, which in a most happy and friendly way teaches us how to prolong life by means of science and hygiene. Dr. Lorand is a resident physician of Carlsbad, Austria, well known in the United States, speaking English fluently. He has given lectures in various Canadian and American universities and medical societies, in which he has described old age as a chronic disease due in large part to unnecessarily produced degenerations of the ductless glands, notably the thyroid, the sexual glands and the adrenals, and, furthermore, that these degenerations are amenable to arrest and recovery. In this regard he commends the great work of Professor Sajous, of Philadelphia, entitled "Internal Secretions."

But the work is not so technical as to be outside the use and benefit of the general reader. Indeed, the copy on our office reading table has been often borrowed and read, and later the book purchased by several friends past fifty years, who would like to add the two decades in addition that belong to that age.

Dr. Lorand is not the first who has pursued old age to its cause. Prof. Eli Metchnikoff in his book "The Prolongation of Life" haled the omnipresent microbe before the bar of justice and found him pursuing his nefarious calling in the large intestine. There he works, robbing the cheek of its bloom, whitening the locks, making brittle the bones and flabby the muscles, conquering territory after territory, until we sink into premature old age, and die at the untimely age of three score years and ten. Other enemies are at work, but the microbe is made the chief offender. "As the large intestine not only is the part of the digestive tube most richly charged with microbes, but is relatively more capacious in mammals than in other vertebrates, it is a just inference that the duration of life of mammals has been notably shortened as the result of chronic poisoning from an abundant intestinal flora."

Professor Metchnikoff fought this devil of disease with his own weapons—microbe against microbe—selecting the lactic bacilli of sour milk, which prevent intestinal putrefaction, starving the old age microbes to death, using it himself for eight years with eminent success. But he also recommended general sobriety and habits of life conforming to the rules of rational hygiene, and this was the real element of his success in practice and has secured a half century of life.

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It was at fifty, indeed, that Emerson wrote his "Terminus"—

"It is time to be old,
To take in sail,
Economize the failing river,
Leave the many and hold the few.
Timely wise accept the terms,
Soften the fall with wary foot,
Mature the unfallen fruit."

This book, indeed, teaches how to grow old gracefully and usefully. The author does not pretend to make the old young in the avoidance of the degeneracy of old age—to economize the failing river. It points out the symptoms of old age in young persons; of the agencies which govern our external appearance and the nutrition of the tissues; of the agencies which govern immunity against infections and intoxications—the origin of fever; of the agencies that govern the condition of the nervous system and mentality; of the influence of the sexual glands upon vitality and long life; of heredity and longevity; of means which can help us to determine the probable duration of life; of the causation of old age; of the rational prevention of premature old age and the treatment of old age; of the destruction and elimination of toxic products from the body and hygienic measures for the improvement of these functions; of the destruction of poisonous products through the thyroid and parathyroid glands; of the destruction of toxic products by the liver and the improvement of its protective functions; remarks on the cause, prevention and treatment of arteriosclerosis; of the elimination of toxic products through the intestines and the improvement of this function; of the prevention and treatment of habitual constipation; of the elimination of toxic products through the kidneys; of the elimination of toxic products through the skin; of the rational clothing; of the improved hygiene of the skin and kidneys through bathing; of exercise, Swedish gymnastics—massage—sport, and walking and running exercise; remarks on cold feet—their cause and treatment; of the benefits of sunlight; of the advantages of an open air life and of breathing exercises; of the dangers of living in confined and ill-ventilated quarters; of the hygiene of artificial heating—the dangers of heat by steam and a few hints about their prevention; of the advantages and disadvantages of a vegetarian diet; of the dangers of a too abundant meat diet—a few hints on the dietetics of meat; of the great advantages of much milk in the diet.

There are chapters on the treatment of sleepiness and insomnia; of the hygiene of the sexual glands; the dangers of sexual overactivity and of total sexual abstinence; of married life as an important means for prolonging life (the author regrets that he is not married); of the hygiene of the mind—emotions and worry as causes of old age; of the hygiene of the mind—religious belief a means of prolonging life; of the hygiene of the mind—advice to brain workers; of the prevention of premature old age, and the treatment of old age, through certain drugs, arsenic, iron and iodides; of the prevention and treatment of old age by animal extracts; a few hints on youthful appearance; the "twelve commandments" for the preservation of youth, and the attainment of a green old age.

With delicacy, the author touches on the physical and mental characteristics of woman. He attempts to show her way of thinking, as compared with that of man, showing man's inability to understand her. He deals with the period of life which is a tragedy in every woman's existence, namely, the fading of her charm and the changes that come, indicating the ravages of time. His instructions of prevention of these deteriorations are of value as well as his delineations of the mind training with the influence over the body.

Such is the contents of one of the most interesting books the present writer has reviewed for the benefit of the readers of the Journal. It is a cheerful book; it can be safely put in the hands of the laity; it will assist the physician in his general practice; he can make it a

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gift book to certain morbid and despondent patients; he may read to them certain marked passages, and even pages.

The writer has read the remarkably copious title pages to friends with the result that they have borrowed (and even have returned) or have bought the book.

It is well bound, is in good print, is light to hold, and a treasure to possess. There is not its equivalent in the English language for genuine helpfulness and practical usefulness, and the writer recalls half a dozen books upon the general subject of old age. There is ample material for a lively essay for a mixed audience of medical men and their friends, such as sometimes assemble with their wives and daughters at a medical society meeting, notably for some reverend doctor who has just missed becoming a preacher—one who has trimmed himself to the storm of time, who has manned the rudder, reefed the sail, obeyed the voice, at eve obeyed at prime.

The book is a semi-quarto of about 400 pages, in green silk cloth. It is published by the F. A. Davis Company, of Philadelphia, at the very reasonable price of $2.50. A. W. BRAYTON.

A MOVEMENT TOWARD THE BETTERMENT OF PRISONERS.

Our friend, Susan Darling Safford, author, poet and humanitarian, has frequently been seen on the streets of Boston, during a scorching summer's day, to take her lace handkerchief from her portemonnaie, dip it in a public fountain and bathe the eyes of an overworked horse. She was a friend, and took great interest in the work of Mr. George T. Angell, who founded Our Dumb Animals in 1868 and was its editor for forty-one years, a paper which goes to every nook and corner of the United States. Dr. Francis H. Rowley, 45 Milk street, Boston, is its present editor. To every member of the animal kingdom endowed with the sense of feeling but not of speech, Susan Safford has always been a devoted friend. She has taken an interest in the Charlestown State Prison and we are indebted to her for such information as we possess on this subject. This prison is one of the model institutions of the country, and the credit is due to the retiring warden, Benjamin F. Bridges, and Deputy Warden Allen. When these men took charge, conditions were scandalous and chaotic; discipline was unknown. Their ideas seemed to be that men who have nothing to think about and nothing to do with no one who shows an interest in them, quite naturally lose hope, and we believe, without fear of contradiction, that the individual without hope is dangerous to himelf and others. The theory of original sin is sound enough. Leave a normal man to his own devices, and he will turn to iniquity. The abnormal or subnormal who finds his way to the penitentiary turns to evil naturally. The system at Charlestown has been such as to lead him away from it. There are day schools and correspondence schools. The educational system puts hope in their hearts, a hope beyond the mere animal longing for liberty. These men become better morally and intellectually, and most of them hope for a pardon. This is even said to be true in the case of Jesse Pomeroy. The course of the three R's takes about three years. Foreigners take this up eagerly. The Boston Herald of August 2 speaks of the correspondence school at the Charlestown prison as the pride of all. Its faculty consists of thirty-five members and its courses include French, German, Spanish, English composition, journalism, advanced arithmetic, garment cutting, electricity, mechanical drawing, stenography and penmanship. Mention is made of a young man in whom there is an entire change for the better due to the correspondence school. He committed a major crime and received a long sentence. He had a bright mind, but was a moral degenerate. It was thought that he might have paralleled the Pomeroy case. In three years he has become a theoretical expert on electricity and a skilled draftsman. He is a good prisoner, clean minded and energetic. In one portion of the prison ground is what is called Cherry Hill. For-

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merly it was for the unruly; now the rooms are used as a kind reward of merit for deserving prisoners. Here there is an orchestra and a choir of thirty voices, which is said to be one of the best in the United States. These reforms show that seed was sown in good ground, and the harvest has been abundant. A student of criminology will exult over results as here shown. Progression in this age means that men who have done wrong should not be abandoned. It has been proven that, with but very few exceptions, there are ways and means by which a criminal can be rescued. As Warden Bridges leaves the service of the Charlestown prison after twenty years in office, the people recognize that he has brought hope and good cheer to thousands of men who had no reason to expect anything but harsh treatment.

S. E. EARP.

THE WAR EFFECT ON PRICE OF SALVARSAN AND THE MEDICAL PRESS.

An evidence of one effect of the war is the small size of our British exchanges. This might be expected for no other reason than the lack of material for publication. The British Medical Journal, however, in its issue for August 15, gives as another reason the shortage of paper, which it states has become a very serious difficulty for the periodical press. The British Medical Journal has omitted entirely its epitome of current medical literature because it has received no German, Austrian or Russian exchanges for the previous two weeks, and very few from France. In addition to the difficulty in securing paper, because of the irregular sailing of the ships, the consumption of paper by the newspapers has increased enormously because of the demand for extra editions. The Journal has received practically no German, Austrian or Russian publications, and but few French or Belgian periodicals since the war began. The Berlin letter—mailed from Charlottenburg July 31—arrived in Chicago August 25, too late for publication in this week's issue. No Paris and Vienna letters have been received of dates subsequent to the onset of hostilities.

Another note may be added to the above, from the Association Journal, and that is as to the supply of salvarsan, of which the writer has given over $3,000 worth in the City Dispensary clinics of Indianapolis in the last three years. It may be had at the retail price of $3.50 from the New York distributors, as they have widely advertised, so as to keep it out of the hands of the jobbers. They have so written to many users of the drugs in Indianapolis, including the writer of this note. A. W. BRAYTON.

GIFTS TO JOHNS HOPKINS TO RELIEVE THE PROFESSORS FROM THE PLEASURES AND PROFITS OF PRACTICE.

Delivery was made July 6 at Baltimore of securities vauled at $1,500,000 presented by the General Education Board to the Medical School of Johns Hopkins University, to be known as the William H. Welch Endowment for Clinical Education and Research. The entire income from this fund is to be utilized for the support of full-time teaching and research departments of medicine, surgery and pediatrics, or diseases of children. The trustees have provided that in reorganizing these three departments, professors and their assistants should hold their posts as salaried university officials, and accept personally no fees whatever for any medical or surgical services which they might render. The hospital wards and out-patient departments are to be under the control of the university medical or surgical teachers, but the teachers are to be free to render any service required in the interest of humanity and science. They are to be free to see any patient they desire. Private patients, however, will pay a reasonable fee to the university, rather than to the professors personally. Simultaneously with the completion of the reorganization of the Johns Hopkins Medical School, in accordance with this new plan, the university trustees have chosen Dr. Theodore C. Janeway, hitherto professor

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of medicine at Columbia University, to become professor of medicine of the Johns Hopkins Medical School. The chair of surgery at Johns Hopkins, under the full-time arrangement, is to be occupied by Dr. William S. Halsted, most of whose surgical career has been passed in the Johns Hopkins Medical School, where, since the establishment of the Johns Hopkins Hospital, he has been its surgeon-in-chief and professor of surgery. The chair of pediatrics will be occupied by Dr. John Howland, who was called a year ago from the professorship of pediatrics at Washington University, St. Louis, and appointed physician in charge of the Harriet Lane Home for Invalid Children, this institution being the pediatric clinic of Johns Hopkins Medical School. Johns Hopkins will become the first medical school to be placed on the full-time basis in all departments. A grant of $750,000 has been made to the Washington University, St. Louis, and of $500,000 to the Medical School of Yale University, on an understanding that they also reorganize their work so as to put their clinical teaching on a full-time basis.

The above is from the Journal A. M. A. of July 11, 1914. At 5 per cent. the income will be $75,000, which will give moderate salaries to ten men, each of whom has probably received as much for a single consultation or operation. The plan is ideal in some ways, but not in others. Johns Hopkins Hospital Medical School could never have attained its present greatness upon a salary basis. The great research work of the last thirty years has been done by men in active paid medical and surgical practice, and they have also written the books which have embodied medical and surgical science. It remains to be seen whether this restriction on teaching medicine and surgery is an advance or a retreat. The feeling of the present writer is that there is room for salaried professors in wealthy and advanced medical schools, but that the best teaching and writing will be by men who both teach and practice as is now the case in all the great medical schools of the United States. A. W. B.

THE PUBLIC HEALTH NURSING ASSOCIATION OF INDIANAPOLIS.

The members of the medical profession should become acquainted with the laudable work of this association. To be successful it must have the co-operation of the doctors. Some are rendering all possible help and others seem to know little or nothing of the movement. This journal has proved a source of information on all things medical and some that are semi-medical. To obtain something definite I visited Mrs. Peter F. Bryce (Abbie Hunt Bryce). She was superintendent of the first training school in Indiana. Dr. W. N. Wishard was then superintendent of the city hospital. Miss Traver, a friend of Mrs. Bryce, came and started the work and gave it up before the first of the year. It was then that Mrs. Bryce took her place. Both were from Bellevue Hospital, New York. Thus Mrs. Bryce had the honor of graduating the first training school class in Indiana. Four years ago an effort was made to organize a Visiting Nurses' Association. It was only partially successful with only one or two nurses in the field, but now with a superintendent, Miss Laura Wilhelmson, success seems certain. This organization is a member of the national organization of public nursing and is fully equipped for good work. During my interview with Mrs. Bryce she said:

"The P. H. N. A. has taken a decided step in advance by placing Miss Laura Wilhelmson, a graduate registered nurse from the Illinois School, Cook Co. Hospital, Chicago, with four years' experience in school nursing, visiting nursing and in superintending, visiting nursing in Grand Rapids, Mich., in charge of the work here.

"They have six nurses in the field and are crying for more. Where can we get more money for more salaries for more nurses is the cry.

"They are ready to answer calls for visits to the poor and to the family of the small wage earner, to patients who may need a bath, a treatment, to care for mother and babe, and those who do not need the full time of the nurse or

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who cannot pay for the full time, or the full price of the nurse by the week, but can pay what the doctor and the wage earner feel can be paid for the visit.

"The nurse will instruct some member of the family, if need be, to care for the patient in her absence.

"The fee goes to the association. The nurse receives a salary from the association.

"Skilled nursing could be provided in this way for a large number of people who are not now getting it. The much needed prenatal and obstetrical care—and care for the small child would influence infant mortality, blindness and feeblemindedness.

"A nurse cannot very often reduce her rates unless there is a fund to supplement the fee. This is not a question for nurses to solve alone. It belongs to all interested in the welfare of our city. Is not the time ripe for nursing organizations to make an appeal to philanthropic people and charity agencies to provide some way by which to care for the deserving, industrious, intelligent, educated majority of our citizens, to give the real necessary skilled service that is really necessary—a visit as long as is necessary each day. Education without health is of little value to the individual.

"There is no trouble in getting thousands, yes, millions of dollars for educational institutions. May we not expect help from the same source to give this much needed care. The rich and the very poor, as we so often hear, are better cared for than these. The co-operation of all the doctors and all interested in the homes of our city is needed, desired and appreciated.

"The office of the Public Health Nursing Association is in Hume-Mansur Bldg., 214H. Old Phone M1848, New 1489. A call between 8 a. m. and 5 p. m. will receive prompt attention." S. E. EARP.

CAUTION AS TO USE OF VACCINES—WARNING FROM DR. VAUGHAN.

Every time an unbroken protein is introduced into the body it carries with it, and as a part of it, a poison. From the very careless, rash and unwarranted way in which "vaccines" of most diverse origin and composition are now used in the treatment of disease, this matter certainly cannot be understood or its danger appreciated by those who subject their patients to such risks. It should be clearly understood that all proteins contain a poisonous group—a substance which in a dose of 0.5 mg. injected intravenously kills a guinea-pig. Not only do these proteins contain a poison, but when introduced parentally the poison is set free, not in the stomach, from which it may be removed, but in the blood and tissues. It is possible that vaccine therapy may become of great service in the treatment of disease. Even now there are occasional brilliant results which are reported while the failures and disasters are not so widely advertised.

The above is from Dr. Victor C. Vaughan's book of last year, "Protein Split Products in Relation to Immunity and Disease." We would suggest to our readers that they read Bernard Shaw's drama or comedy (as it may strike one), "The Doctor's Dilemma," in which the plot hinges on the giving of tuberculin at the wrong time and without knowledge of doses. Even so cautious a teacher as Dr. T. Potter, Indiana authority on the treatment of tuberculosis after 18 years of the use of it, was in doubt as to the propriety of advising the use of tuberculin by the general practitioner.

A. W. BRAYTON.

DISEASE PREVENTION DAY—PROCLAMATION BY GOVERNOR RALSTON.

The proclamation issued by Governor Ralston naming October 2, 1914, as disease prevention day, is a mark of progress for Indiana. Governor Ralston was largely influential in procuring a settlement during the recent street car controversy and put forth every effort both as an official as well as a citizen to furnish aid to the sufferers during the great flood in Indianapolis a little over a year ago. Now he comes to the front as the man of the hour showing that he believes that health is the State's greatest asset.

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The following is the wording of the proclamation:

Society never stands still. It either increases its activities, broadens its views, and makes real progress, or it deteriorates and becomes indifferent to the public welfare. The principle that "that government is the best that governs the least" is founded upon the theory that it is better for both the individual and society to achieve their goal uninterfered with and unassisted by government. One of the great objects of government in this country has been, therefore, to promote the happiness of the people by protecting them in their efforts to help themselves, that they might individually make their proper contributions to the public welfare.

And just in the degree the individual and society fail to do their duty in these respects government is forced to have that service performed by official mandate. Recognizing this fact, this proclamation is issued with the view of arousing a greater interest on the part of citizens in public affairs, and especially in the matter of public health. Sanitary conditions bear directly upon this problem, and if citizens of their own initiative do not deal wisely and effectively with these conditions, they must of necessity be regulated and controlled by law. That this is a legitimate function of government, whenever unsanitary conditions are neglected by society until they imperil the public interest, has long been held by the most advanced thinkers:

"Health raises and disease lowers the standard of purity and morals."—Seneca.

"The health of its people is the greatest asset a state can have. Improve the public health and you increase the resources of the commonwealth. You cut off waste, public and private, promote community prosperity and individual welfare, and encourage happiness. What greater deed could you do to earn the gratitude of the people of your state? An ounce of prevention is worth tons of cure."—Straughn.

"That government is the best which secures for its citizens the greatest freedom from disease, the highest degree of health and the longest life; and that people which most fully secures the enjoyment of these blessings will dominate the earth."—Vaughn.

"In the health of the people lies the strength of the nation."—Gladstone.

Congratulations Received.

When it became known a few weeks ago that this proclamation was contemplated, the humane and public-spirited Nathan Straus, of New York, wrote me thus:

"You have done a splendid thing in planning for the observance in your state of a 'Disease Prevention day,' and I want to congratulate you on taking this important step. I regard this one of the greatest ideas ever originated in this country, and I am sure it will be copied in other states."

When reference is had to the facts, it is easy to understand why these eminent thinkers are so solicitous regarding this serious subject. In a recent address made by that great student of public affairs, Secretary Redfield, of President Wilson's cabinet, he makes this startling statement:

"Now, there have died in the United States in the last six months from preventable causes more people than were slain in the civil war, and more, many times more, than all that have died in the Mexican troubles. We know how to prevent these people from dying, but still they die. We know how to prevent their deaths. We do not prevent them."

The tragedy of today is magnified, when we consider that, according to the showing made by our own state board of health, more than eight thousand persons died in 1913 in Indiana from preventable diseases. When contemplating such a disaster our moral sense is so shocked that we hesitate to figure in dollars the vast millions in loss it entails upon our commonwealth. The havoc appears still greater when we consider the property loss through fires occasioned by the unsanitary accumulations of rubbish.

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Health Greatest Blessing.

To poison men in factories and mines, to pollute drinking water supplies, to adulterate foods, to drug with nostrums, to maintain conditions causative of preventable diseases is criminal. Health is the greatest of blessings and the source of efficiency and power. The enjoyment of life, and the achievement of liberty and happiness are impossible without it. There is nothing strikingly glorious in a civilization not founded upon intellectual and moral as well as physical strength, for physical health is the surest foundation of mental and moral health.

Now, therefore, I, Samuel M. Ralston, Governor of Indiana, in consideration of these truths, do hereby designate and proclaim Friday, October 2, 1914, as Disease Prevention Day, within the confines of said state; and I respectfully urge that such exercises be given in the public schools, and such action be taken by the various municipalities and civic and other organizations in Indiana, as will emphasize the importance of public health, the joint responsibility of all citizens therefor, in the light of its relation to good society and good citizenship, and will inspire in every one a desire to meet that responsibility by an active co-operation in all sane efforts for the prevention of physical diseases.

SAMUEL M. RALSTON,
Governor.

I read this proclamation in the Indianapolis News of August 25, while on my fishing trip at Star Island, Mich. I showed it to representatives from five leading states, and it was unanimously agreed that I had reason to be proud that I hailed from the progressive state, Indiana. So far as I know, this is the first time any governor has issued such a document. This is one of the many things in which Indiana is a leader.

S. E. EARP.

HOW TO KEEP YOUNG.

In the September Woman's Home Companion Ralph Waldo Trine, writing an article entitled "What Is Youth?—What After Youth?" writes in part as follows:

"A very general rule with but few exceptions can be laid down as follows: The body ordinarily looks as old as the mind thinks and feels.

"Shakespeare anticipated by many years the best psychology of the times when he said: 'It is the mind that makes the body rich.' An eminent modern writer has given utterance to the same truth more fully and more helpfully, perhaps, in the following: 'The prevailing state of mind, or character of thought, shapes the body and features. It makes us ugly or pleasing, attractive or repulsive to others. Our thought shapes our gestures, our mannerism, our walk. The least movement of muscle has a mood of mind, a thought, behind it. A mind always determined, has always a determined walk. A mind always weak, shifting, vacillating and uncertain, makes a shuffling, shambling, uncertain gait. The spirit of determination braces every muscle. It is the thought-element of determination filling every muscle. * * * If you send from you in thought the elements of worry, fret, hatred, or grief, you are putting in action forces injurious to your mind and body. * * * Look at the discontented, gloomy, melancholy, and ill-tempered men or women, and you see in their faces proofs of the action of this silent force of their unpleasant thought, cutting, carving, and shaping them to their present expression. Such people are never in good health, for that force acts on them as a poison, and creates some form of disease.'"

AN EYE TO BUSINESS.

A young suburban doctor whose practice was not very great sat in his study reading away a lazy afternoon in early summer. His man-servant appeared at the door.

"Doctor, them boys is stealin' your green peaches again. Shall I chase them away?"

The doctor looked thoughtful for a moment, then levelled his eyes at the servant.

"No," he said.—September Lippincott's.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators

MEDICAL EDUCATION IN THE UNITED STATES.

The tabulated statistics for the year ending June 30, 1914, are based on reports received from the medical colleges or from other reliable sources.

The total number of medical students (matriculated) in the United States for the year ending June 30, 1914, excluding premedical, special and postgraduate students, was 16,502, a decrease of 513 below last year, a decrease of 1,910 below 1912 and a decrease of 11,640 below 1904, when 28,142, the highest number of students, were enrolled. Of the total number of students, 15,438 were in attendance at the non-sectarian (regular) colleges, 794 at the homeopathic and 270 at the eclectic colleges. The attendance at the nonsectarian colleges shows a decrease of 481 below that of last year, a decrease of 1,839 below 1912 and a decrease of 9,492 below 1903, when 24,930, the largest number of nonsectarian students were enrolled. In the homeopathic colleges there was a decrease of 55 below the attendance of last year, a decrease of 31 below 1912 and a decrease of 1,105 (58 per cent.) below 1900, when 1,909, the largest number of homeopathic students, were enrolled. The eclectic colleges show an increase of 14 over the registration of last year but a decrease of 38 below 1912 and a decrease of 744 (73 per cent.) below 1904, when the largest number of eclectic students were enrolled.

The total number of graduates for the year ending June 30, 1914, was 3,594, a decrease of 387 below 1913, and a decrease of 889 below 1912. The total this year is 2,153 (37.5 per cent.) less than in 1904, when 5,747, the largest number, were graduated. The number of graduates from the non-sectarian colleges was 3,365, or 314 less than last year, and 841 less than in 1912. It is a decrease of 1,825 below 1904, when 5,190, the largest number, were graduated from non-sectarian colleges. From the homeopathic colleges there were 154 graduates, or 55 less than in 1913, and 31 less than in 1912. It is a decrease of 266 below 1903, when 420, the largest number of homeopathic physicians, were graduated. The eclectic colleges graduated 70, or 23 less than last year, and 40 less than in 1911. It is a decrease of 151 below 1890, when 221, the largest number of eclectic physicians, were graduated.

Graduates Holding Degrees in Arts.

Of the 3,594 medical graduates, 807, or 22.5 per cent., were reported to hold also degrees in arts or science, as compared with 18.9 per cent. last year, 17 per cent. in 1912, 16.5 per cent. in 1911 and 15.3 per cent. in 1910. Of the 3,365 non-sectarian school graduates, 794, or 23.5 per cent., were reported to have baccalaureate degrees, while of the homeopathic graduates, 7, or 4.5 per cent., were so reported, and of the eclectic graduates, 6, or 8.6 per cent., were reported as holding degrees from colleges of liberal arts. It is noted that, as expected, the percentage of graduates holding collegiate degrees is gradually increasing and will continue to increase, particularly in the non-sectarian colleges, because a larger number of medical schools are requiring college work for admission.

During the past year there were 631 women studying medicine, or 9 less than last year, a decrease of 48 below 1912 and a decrease of 498 below 1904, when 1,129 women students, the largest number, were reported. The percentage of all medical students was 3.8, the same as last year. There were 121 women graduates this year, or 3.4 per cent. of all graduates. Of all the women matriculants, 135 were in attendance at the two medi-

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cal colleges for women, while the remaining 496 were matriculated in the 54 coeducational colleges.

Until last year no exact data were available on which absolute statements could be made regarding the number of medical schools existing in the various years prior to 1900.

Since June 30, 1913, six colleges have suspended or merged with others, leaving 101 medical colleges still existing. The number of colleges is the smallest number since 1880. It was about that time that the movement toward establishing commercial medical colleges became most marked, and the rapid increase in the number of colleges has been paralleled only by the rapid decrease since 1904. There has been a net decrease of sixty-one colleges since 1906, when there were 162 and when this country had about one-half of the world's supply of medical colleges! Eighty-five colleges have been closed by merger or otherwise since 1904, but in the same time twenty-four new colleges were organized, leaving 101 medical colleges which still exist.

The non-sectarian (regular) colleges number 87, a decrease of 5 since last year. The homeopathic colleges number 10, the same as last year, and the eclectic colleges number 4, a decrease of 1 since last year.

Of the eighty-five medical colleges which have ceased to exist since 1904, forty-nine were closed by merger and thirty-five became extinct. It is noteworthy that this rapid diminution in the number of colleges began with the creation of the Council on Medical Education in 1905. The largest numbers closing in single years were ten in 1907, when the Council's first classification of medical colleges was prepared, thirteen in 1910, when the second classification was published, and fourteen in 1913, when the third classification was made public.

While the total number of colleges is growing smaller, however, and approaching more nearly the normal supply for this country, it is encouraging to note that the number of high-grade, stronger medical colleges is constantly increasing. In 1904 only four medical colleges were requiring any preliminary education in advance of the usual high-school education; now there are eighty-four requiring one or more years of advance college work and several others which begin the higher requirement next year. Of these eighty-four colleges, there are thirty-four which are requiring two years or more of collegiate work for admission. Many of the colleges have been remarkably improved also in regard to buildings, new laboratories, better equipment, larger hospital facilities and—most important—more and better full-time, salaried instructors.

There are still eighteen cities each of which has two or more medical schools, and in seven of these mergers are scarcely possible, owing to the fact that the schools differ as to sect or race, leaving eleven cities where mergers are still possible. These cities and the number of colleges in each are as follows: Chicago, 8; New York, 7; Philadelphia, 6; Boston, 4; San Francisco, 4; St. Louis, 4; Baltimore, 3; Los Angeles, 3; Washington, 3; Dallas, 2, and Omaha, 2. In 1904 there were twenty-four cities having each from two to eight non-sectarian medical schools.

Each of the most famous medical centers in Europe—for example, Berlin, Paris, Vienna—has but one large medical school which makes systematic and practical use of the clinical facilities of the respective city. There is no valid reason why this country should not have equally famous medical centers, but the highest development is prevented by the existence of too many competing medical schools. For the further improvement not only of undergraduate but also of postgraduate medical instruction in this country, there should be other mergers in the eleven cities named.

The length of term of each college fluctuates somewhat from year to year, but on the whole, during the last twelve years there has been a decided lengthening of college terms. This has reference to the weeks of actual work exclusive of holidays. Only two colleges this year reported sessions shorter than

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twenty-nine weeks, whereas in 1901, one hundred colleges reported sessions of from twenty-three to twenty-eight weeks.

Special attention is called to the total amount charged by the various colleges per annum for tuition, matriculation, laboratory and graduation fees for each student. Although thirty-seven colleges listed in Class A charge fees ranging from $150 to $275 per year for each student, the actual expense for teaching that student in these colleges amounts to from two or three, to several times these sums. In fact, accurate data secured from sixty-five medical colleges a few years ago showed that the average amount received each year from the individual student was $122, while the average amount actually expended in the training of that student for a year was $410! The excesses of cost over income per student in several schools were, respectively, $2,744, $1,863, $897, $747, $730, $673, $518 and $500. The excess of expense over income from fees per student was over $200 in twenty-eight of the medical colleges which reported. It is also clearly evident that with the same equipment and at practically no additional expense these schools could easily accommodate two, three, or in some instances several times the number of students at present enrolled, which would greatly reduce the disproportion of expense over income from fees.

Illinois has heretofore had the largest number of medical colleges, but now, as shown in Table 14, the first place is held by New York, where there are ten colleges. California and Illinois each has eight and Missouri and Pennsylvania each has seven colleges. Illinois still has the largest number of students enrolled, having 2,474 matriculants last session, followed by New York with 2,153, Pennsylvania with 1,675 and Tennessee with 1,209. In regard to the graduates, the same relative position obtains.

The influence of the proximity of the medical school is seen in the fact that states having medical colleges contribute more students in proportion to the population than those which have no colleges.

The state furnishing the largest number of students this year was New York, with 2,100. Pennsylvania contributed 1,341 and Illinois 1,258. The next states, in the order of the number of students contributed, are: Ohio, 791; Massachusetts, 701; Georgia, 598; Texas, 573; Missouri, 528, and Tennessee, 499. Four states had less than 20 each, these being Arizona, 16; Wyoming, 11; New Mexico, 7 and Nevada, 3. There were 126 students from Hawaii, Porto Rico and the Philippine Islands, and 555 students from foreign countries.

The effects of higher requirements are shown in two ways: smaller enrollments for the colleges which have adopted the higher requirements and larger enrollments for the colleges which have retained the lower requirements. The House of Delegates of the American Medical Association in June, 1912, adopted a report instructing the Council on Medical Education to omit from the acceptable list any medical college which after January 1, 1914, does not require for admission in addition to the four-year high school education, at least one year of higher preliminary work, including courses of college grade in physics, chemistry and biology. The Association of American Medical Colleges has adopted a similar requirement. The medical profession in the United States, therefore, has gone on record for entrance qualifications which bring medical education in this country more nearly on a par with the requirements of other countries.

Relations with Better Hospitals.

Another great wave of improvement, already well begun, is the establishing of closer relationships between hospitals and medical schools, whereby each of the hospitals will have on its attending staff the most skilled physicians who are engaged in teaching and research, and the medical school will possess a teaching hospital in which students may see and study patients at the bedside. This relationship means that medical students

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will be given a better training in the examination and care of patients and that—most important—the public will in future be supplied with better qualified physicians.—(Abstract from the Educational number of the Journal American Medical Association, August 22, 1914.)

LOWER MORTALITY RATES.

The general tendency toward lowering the mortality rate is well exemplified in the data made available by the United States Department of Census since 1880. From a rate of 19.8 per thousand population in 1880 the mortality rate has fallen to 13.9 during 1912. This decrease is not due to any peculiar conditions within the United States, but is representative of the general and steady decrease in the death rate which is prevalent throughout the civilized world.

	1900	1911
Austria	25.4	21.9
England and Wales	18.2	14.6
France	21.9	19.6
Ireland	19.6	16.5
Italy	23.8	21.4
Spain	28.9	23.2
Sweden	16.8	13.8

Nearly two-thirds of the population of the United States is now included in the registration areas, wherefore there is greater reliability in the figures compiled for this country.

The mortality rate in the cities for 1912 was 14.9 and for the rural districts 13.9. The annual average from 1901 to 1905 was 17.4 for the cities as opposed to 14.1 for the rural districts. It is significant that the mortality rate in the rural districts manifests little decrease.

Practically the entire reduction of the death rate of the country is due to the lower mortality in the cities. This is readily explained by the immense improvement in municipal sanitation and hygiene together with the increased attention that is being given to lessening the stress and strain of city life through improved housing facilities, increased hospital and dispensary facilities, and a more adequate attention to the social and hygienic needs of the urban community.

The most marked improvements in the death rate are evident in the preventable diseases.

Death Rate Per Hundred Thousand Population.

	1900	1912
Typhoid Fever	35.9	16.5
Measles	12.5	7.0
Scarlet Fever	10.2	6.7
Diphtheria and Croup	43.3	18.2
Tuberculosis	201.9	149.5
Pneumonia	180.5	132.2
Diarrhea and enteritis, infants under two years	108.8	70.3

This decrease is an evidence of noteworthy effects from the campaign of popular education and legislative enactment.

On the other hand, cancer has increased from 63.0 to 77.0; cerebral hemorrhage (apoplexy), 67.5 to 75.7; organic diseases (endocarditis), 123.1 to 151.2; nephritis (Bright's disease), 89.0 to 103.1. It is patent that these diseases, more common to the middle period of life, have advanced to such an extent as to warrant wholesale investigations into their etiology together with a widespread educational movement for the purpose of spreading the present knowledge regarding the causative factors. The efforts to decrease the mortality from these last-mentioned diseases need to be enhanced through further investigation as to their specific origin in order to secure the most valuable prophylaxis.

The evidences of improved medical and surgical treatment with improved hospital conditions is suggested by the decrease in death from purulent infection and septicemia to 2.7 in 1912; abdominal tuberculosis, 1.3; hernia and intestinal obstruction, 11.9; gangrene, 2.7; amputation, less than 0.1; railroad accidents and injuries, 13.6; street car accidents and injuries, 3.0; fractures (cause not specified), 4.4.

In brief, a review of the mortality figures for 1912 is indicative of advances in medicine and surgery that should serve to quiet the opposition of those who are

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opposed to medical progress. The bookkeeping of the nation shows that the vast sums of money expended for medical and surgical institutions have been well invested. The decreased mortality rate among preventable diseases represents the dividends in human lives upon private and public investments.—American Journal of Science, Aug., 1914.

CANCER OF THE PENIS AND OF THE PROSTATE.

(By Hugh H. Young, M.D., of Baltimore, American Journal Surgery, August, 1914.)

Penis. Surgical attitude has changed toward this in the last few years. At first we had only amputation, which did practically no good, except in the very early stages. Then we swung to complete emasculation. Not only was the penis removed as far back as possible, but also the testicles and scrotum on both sides, and the glands of the groins. Results have shown that this mutilation is entirely unnecessary.

A recent study of thirty cases in our service seems to point out certain facts to which I would like to direct attention. In those cases where simple amputation was done without removing the corpora cavernosa, etc., recurrence has not occurred in the stump, but in the groin, and in cases where the glands of the groin and amputation of the penis has been carried out without removing the testicles and carrying the urethra back into the perineum, it was also in the glands of the groin, or even deeper, that the recurrence occurred, so that it is not necessary to do the very extensive emasculating operation (castration and excision of bulbous urethra).

My recent studies have shown that the most important thing is to remove the tissues in one piece—penis, prepubic fat, and ligaments and tissues of both groins, including fat and glands. The groin incisions should start well out toward the anterior superior spine on each side and curve downward to the root of the penis. It is wise also to begin at the outer end of each groin and free these structures first, working toward the penis, amputation of which occurs last. In this way the deep lymphatic connections with the body are divided first and the chances of forcing cancer juices into the system from operative pressure are minimized. It is best to follow Poupart's ligament to the saphenous glands, and then ligating the saphenous vein, cleaning out the whole fossa, and following down a short distance into the scrotum and spermatic cord, then removing all the tissue in front of the symphysis pubis including the suspensory ligament. In this way the lymphatic system from the cancer on the penis to each groin is removed in its entirety, and the chances of a cure are exceedingly good, even in cases where you find a few glands enlarged in the groins. Some of our cases we have followed for over ten years, and they show excellent results.

Another interesting fact is that an amputation, even as extensive as I have indicated, does not interfere with copulation. Patients in whom the penis had been cut off short at its base, have reported that not only was it possible to have erections of the remaining portion and to go through with that act, but also to have fairly satisfying ejaculations.

Of these thirty cases, eleven were apparently hopeless at the time of operation, so that nothing but a very simple operation was attempted. Three of them were only partial, and three patients died of infections. Out of the thirty we have apparently thirteen cases cured. Various observers have shown that the majority of cases of cancer of the penis occur in persons with a long foreskin. In a man past forty-five years of age we should be very suspicious of ulcers which are not cleared up under ordinary treatment, and more or less suspicious of any long-continued suppurations in cases with long foreskins that cannot be retracted. If diagnosis is not evident a section should be removed, if possible, by electro-cautery, so as to sear the blood vessels. Sometimes partial or complete amputation is all that is necessary, but if that is not sufficient, then simultaneous one-piece removal of the

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glands of groin and prepubic tissues with the penis, as suggested above, is the operation of choice.

Another interesting subject is cancer of the prostate. Up to a few years ago this was thought to be rare. About ten years ago, Albarran startled the surgical world when he reported that fourteen per cent. of the cases which he thought to be benign prostates had proved to be cancerous. In our clinic in Baltimore about twenty-two per cent. of the cases of obstruction in old men are due to carcinoma. One in five of the cases that come to be treated for hypertrophied prostate is carcinoma. So you see that it is a very common condition, far more so than has been appreciated by the profession. It is one, however, in which an early diagnosis can often be made.

A study of our cases, however, shows that one cannot depend upon symptoms to make the diagnosis. For instance, the text-books say that hematuria is a very common symptom. That is not true. It is more common in hypertrophy. Pain, also, while more common in cancer than in hypertrophy, does not, as a rule, come until late in the disease. Our hope comes from early diagnosis, and our only prospect for that is to include rectal palpation in every physical examination. Osler used to say that no man can be entrusted to make medical diagnoses who cannot interpret a rectal palpation. The most important point in early diagnosis is induration. I wish to lay great stress on the presence of induration in the prostate, as examined by the rectum. The patient may have no obstruction, but where it is not an evident case of old gonorrheal prostatitis—that can generally be recognized or excluded—the presence of induration should be viewed with suspicion. Then, too, the induration in carcinoma is entirely different from that in gonorrheal prostatitis. It is more stony; far harder; often has an irregular edge, and does not occupy the whole prostate at first, although it may do so later.

Our pathological studies have shown that if we are going to hope for a radical cure of carcinoma we have to employ a radical procedure that includes all of the tissues that are progressively invaded by the carcinoma—the whole of the prostate, with its capsule, its urethra, a cuff of the bladder, including most of the trigone and the seminal vesicles and the ampullae of the vasa differentia. This disease does not often travel into the baldder, but into the region between the seminal vesicles, and the very strong posterior recto-vesical fascia prevents its getting into the rectum, so that rectal involvement in carcinoma of the prostate is rare and then occurs very late. In over 200 cases I have seen it only three or four times.

The operation, which is not very difficult, follows the technic of my perineal prostatectomy until the prostate is drawn down and exposed. If you are uncertain as to malignancy, it is sometimes possible by palpation to make certain. If after that you are still uncertain, it is a very easy matter to remove a piece of the prostate with a Paquelin cautery and have a frozen section made and stained, and make a diagnosis while the operation is halted. In a recent case where a diagnosis of probable carcinoma of the prostate was made, it contained only one nodule. I was quite uncertain, and thought it advisable to excise a piece. Microscopic examination of the section showed carcinoma, and we then carried out the rest of the operation, viz., transverse division of the membranous urethra, freeing of the anterior and lateral surfaces by blunt dissection, incision into bladder just above juncture with prostate, separation with scissors of bladder from prostate leaving a cuff of bladder attached to prostate and dividing the trigone just below the ureters, freeing the seminal vesicles by blunt dissection, division of the vasa differentia as high as possible and removal thus of the entire prostate with seminal vesicles and cuff of bladder in one piece. The operation is completed by anastomosing the open wound of the bladder with the stump of the membranous urethra, and draining the bladder with a catheter.

It is not a difficult operation. The incision is the same as for an ordinary

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prostatectomy, except that the skin incisions should be a little longer, and the levator ani muscles are not divided.

We have an interesting discussion on cancer of the prostate at the International Congress in London this summer, and about twenty cases in which this operation was carried out were reported by various surgeons. I can now collect about thirty cases with a fairly large per cent. of apparent cures—several followed over five years.

There is no doubt that a cure can only be obtained by a radical operation, and no operation can be radical unless it includes the area I have described—the whole prostate, the cuff of the bladder, the seminal vesicles, and ampullae of the vasa differentia, removed in one piece as shown.

To repeat: Early diagnosis is the important thing, and we should remember that rectal examinations should be made part of the clinical study of every medical case, and we should always be suspicious of induration in the prostate, even though it be of limited extent, and the patient may not have any symptoms which make us suspect the presence of cancer.

TREATMENT OF IVY-POISONING.

The leaves and flowers of the poison-ivy plant yield a poisonous tar, which is soluble in both alcohol and ether. The treatment by alcoholic solution of acetate of lead is unsatisfactory, as an unstable lead salt of the poison is deposited on the skin, where temperature and moisture may again set the poison free. The use of alcohol and either as solvents may spread the condition unless they are used in large quantities.

Potassium permanganate completely oxidizes the poison, and effects a speedy cure. The affected part should be immersed in, or bathed with, a solution of permanganate as hot as can be easily borne. If the skin is broken, a dilute solution (one per cent.) should be used, otherwise the concentration may be varied according to the location and condition of the eruption. A little dilute alkali or acid is advantageously added to the solution. The oxidizing power is greater in the acid solution.

In rare instances, when the poison is deep in the skin, it should be exposed to the solution for some time. The dark stain of the permanganate will wear off, or can be removed by vigorous scrubbing with soap, or by the cautious application of oxalic acid (or of sodium hyposulphite, or better still, a mixture of oxalic and hyposulphite).—Journal A. M. A.

DETECTION OF IODINE IN THE EXCRETIONS.

The following are a few simple tests for the detection of iodine and its compounds in the excretions. Ehrmann's test is as follows: To 2 c.c. of urine add 0.5 to 1.0 c.c. of hydrochloric acid and about 0.5 to 1.0 c.c. hydrogen peroxide or ferric chloride solution. Shake the mixture with one c.c. of toluene or chloroform, and if iodine be present the latter, on settling, will be colored red.

Jolles (Berlin. klin. Woch., October 13, 1913) gives a test which will detect the presence of iodine or indican in the urine. To 10 c.c. of urine add an equal amount of concentrated hydrochloric acid and 2 c.c. of copper sulphate (10 per cent. solution). Iodine and indican are set free. Shake the mixture with 2 c.c. of chloroform. If iodine be present the chloroform will take on a typical violet color, which disappears on addition of caustic soda solution. In the presence of an appreciable amount of indican the choloroform takes on an indigo-blue color.

A simple test for iodine may be made with tincture of guaiacum, freshly prepared from unoxidized resin, and ozonic ether containing in solution hydrogen peroxide of 30 volume strength. To 4 c.c. of urine in a test tube add two drops of guaiacum tincture; then add 4 c.c. of ozonic ether without shaking. Potassium iodide in urine gives a blue color with this test. The color appears slowly upon standing. (If blood pigment be present, a blue color appears at the lower level of the ether.)

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Another test is to stir with the end of a match a little calomel into a few drops of the urine on a slide or card. If it contains iodine the calomel turns bright yellow. Iodine in the saliva can be detected in the same way if the patient spits on a little calomel.

The presence of iodine may also be revealed by touching the tongue with a silver-nitrate stick. The mark left by the caustic is not white, but yellow, when the individual has absorbed iodine.

Menigault (Prescriber, 1910, p. 187) has shown that application of iodine to the skin has the effect of preventing the usual blue color in the urine caused by the administration of methylene blue. If some of this urine be heated in a test tube, however, the iodine is driven off and the blue color reappears. This test is useful as a means of detecting the cutaneous absorption of iodine.—The Prescriber.

ABUSE OF NORMAL SALT SOLUTION.

L. Litchfield, Pittsburgh (Journal A. M. A., July 25, 1914), protests against the too free use of normal salt solution, and gives case-reports supporting his contention. He holds that the administration of any artificial serum as a routine postoperative practice is questionable therapeutics. Too much water may fatally embarrass the heart as well as too much salt may the kidneys. When fluids cannot be taken by the mouth, thirst can be relieved by tap water or by isotonic dextrose solution given by enteroclysis. The dextrose solution is preferable in cases of threatening acidosis or inanition. When an addition to the blood-stream is positively indicated, this is best accomplished by dextrose solution; "isotonic (5.1 per cent.) by enteroclysis; isotonic, Hypertonic (up to 30 per cent.), or hypotonic (2 per cent.), by intravenous infusion." There are no contra-indications for the use of dextrose, but often serious ones for the use of saline solution. In urgent cases the intravenous method is best, and greater care should be used to see that all water intravenously introduced is not only sterile, but also non-toxic. "In medical practice artificial serums should be more frequently employed: (1) isotonic or hypotonic (a) after severe hemorrhage, exhaustive vomiting or diarrhea; or (b) in cases of extreme inanition; (2) hypertonic (c) in toxemic cases, including eclampsia and uremia; (d) in cases of oliguria with threatened uremia; (e) to combat acidosis, or (f) in toxic states, as after anesthetics, gas, morphin poisoning," etc. Litchfield condemns Dr. Fischer's theory of nephritis as a gratuitous hypothesis, and says his recommendations for treatment are not justified by physiologic facts or clinical experience.

ALOPECIA.

In the treatment of alopecia due to seborrhea Freshwater (Practitioner, October, 1913) recommends that first of all the scales should be removed from the scalp, as they block the mouths of the hair follicles. The hair should be shampooed every evening with a spirit soap lotion and then thoroughly dried. Next the following ointment should be carefully rubbed into the entire scalp:

℞ Acidi salicylici .....gr. x
Sulphuris precipitati .....gr. xxx
Olei rosae .....m ii
Adipis benzoatis .....℥ i
Misce Ft. unguentum.

When the hair is light or gray, resorcin, beta naphthol, empyroform, oil of cade, ichthyol, thiol, and tannic acid are drugs which should not be used. Massage should be carried out for at least 20 minutes each day.—Medical Review of Reviews for August.

ACUTE URTICARIA TREATED WITH EPINEPHRIN.

A. W. Swann reports a series of cases of acute urticaria and serum rashes (Journal of American Medical Science, March, 1913) in which the subcutaneous injection of a 1-1,000 adrenalin solution was followed by the disappearance of the erythema and wheals. In each case a dose corresponding to eight minims for a patient of 140 pounds was given. Two doses administered at intervals of ten

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minutes always sufficed to produce the desired results. Improvement was usually evident after seven to ten minutes; itching ceased in from five to twenty minutes after the first injection. In 5 out of the 6 cases, however, the rash and wheals reappeared in from one hour to three days.

Swann suggests that epinephrin given hypodermically may be used to advantage in certain more serious, yet similar conditions, of which angioneurotic edema of the epiglottis and larynx) is a type, and that when so used the drug may be the means of saving the patient's life. Another condition which may be influenced by epinephrin in a similar manner is the severe bronchial spasm and edema which occasionally occurs in cases of anaphylaxis. Swann observed such a case in which epinephrin was used, however, without much benefit. The possibility of differentiating rashes of purely vasomotor origin from those of other types by means of hypodermic injections of adrenalin also suggests itself.—Universal Medical Record.

PERICARDITIS.

R. L. Wilbur, San Francisco (Journal A. M. A., July 25, 1914), discusses the therapeutics of pericarditis, calling attention to the accessibility of the pericardium for local and surgical treatment and the possibilities that the future may have. Induced pericarditis in animals offers a good field for study in this direction. The early diagnosis of dry or serofibrinous pericarditis permits the most effective treatment and must be based largely on (a) vague feelings of pain in the chest or actual pain; (b) cardiac irritability, and (c) friction rub. Early aspiration, preferably at the left of the nipple line, is of value in the diagnosis of effusion, and tapping should be practiced when the heart's action is disturbed from apparent increase of intrapericardial pressure. He recommends the Brauer there are evidences of pericardial adhesions and early signs of heart hypertrophy or dilatation. It will, he thinks, iminish disability and prolong life. The pain of paricarditis (acute or chronic) should be carefully differentiated from true angina pectoris. Careful and repeated examinations for friction rub should be made over the whole cardiac area in patients with precardial vein.

FAMILIAL SYPHILIS IN CONNECTION WITH KERATITIS.

Lesser and Carsten gave the family records in thirty-five cases of parenchymatous keratitis. They show that it is exclusively of syphilitic nature; tuberculosis does not even favor its development. The records further show that twice as many of the offspring develop signs of the inherited taint later as would be surmised from the findings during the first few years after birth. Mothers with a positive Wassermann are liable to bear syphilitic children even from six to twelve years after infection. The positive Wassermann of the fathers seems to be less baleful for the offspring.—Journal American Medical Association.

The conclusion of many serologists is that tuberculosis does not complicate the Wassermann reaction. It is also conceded from our clinical observations that there is little progress toward health in tubercular syphilitics unless the syphilis is intensively treated and gotten under control. A. W. B.

THE EUROPEAN WAR MARKS THE END OF THE "BALANCE OF POWER."

An International Concert Is the Safety of Civilization.

To the surprised onlooker it may seem that the rushing hours of one terrible week have brought with them the incredible disaster of a universal war. The Latin proverb said that no man becomes suddenly base. It is equally true that a continent does not become suddenly insane. What has happened now is the fatal consequence of the pursuit of the Balance of Power. The ideas which for a decade governed the division of the Powers into two armed camps are the ideas which have today set their armies in motion. The history of the recent

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crisis is related with unusual intimacy and fulness in the British White Paper. It cannot, of course, reveal everything. Diplomats do not know each other's minds or intentions. But there is much in these documents to throw light on the Servian crisis which began the broil, and on the Belgian danger which for us brought it to its climax. The issue in this is not, and never was, a Servian or a Belgian question. It was, broadly, whether in time of danger there shall be a European Concert, and whether neutrals may intervene to prevent a conflagration. Two principles really stood at issue from the first. Austria was determined to chastise Servia, and to carry out that operation at the cost of any degree and any extent of suffering to the European family. In that determination Germany backed her. We do not know whether Germany contemplated a general war from the first. What is fairly clear is that she held the principle of isolated and self-determined action by her ally so dear, that to vindicate it she was prepared to risk a universal war. On the other side stood Sir Edward Grey with his proposal of a joint mediation by the four relatively disinterested Powers. To this Germany was opposed from the start. She would have nothing to do with an "Areopagus." She held that Austria had the right to deal with a treacherous and inconsiderate little neighbor as she pleased and without considering the susceptibilities of other Powers or the risk to the general peace. Her positive contribution to the whole discussion was the fatal suggestion that Austria and Russia had better discuss their differences between themselves. That discussion took place; and it only resulted in bringing back the debate to the real issue of principle. Russia proposed a formula to the effect that she would hold her hand and stay her preparations, if Austria, on her side, would agree that since the question had become one of general European interest, the neutral Powers should devise means of satisfying Austria's just claims upon Servia. To that proposal Germany replied with war. She has made this conflict in sum and substance to resist the principles of a European Concert.

That is the issue of principle. Beneath it lies the psychological factor. It is fairly clear that the general motive of Austrian stubbornness was the sense that she had come badly out of the Balkan crisis. She meant to assert her hegemony in the Near East, and perhaps it is not too much to say, as the Russians said, that she hoped to make Servia her vassal. There is some reason to suppose that she contemplated a general unsettlement, and, as the British White Paper hints, that she would have acted at Salonica as well as at Belgrade. There is some evidence that Germany knew of her designs; there is none at all that Germany took any real action to moderate them. Does this necessarily mean that Germany planned a general war? We think not. She was influenced by the memory of her success during the Bosnian crisis of 1909. She had then succeeded by a blunt threat, when she stood "in shining armor" beside her ally, in reducing Russia to an abject surrender. She discovered on that occasion that the Triple Entente was not the most solid of bonds. It is probable that she hoped once more to repeat this exploit. She supposed that Russia would yield a second time to a threat. She believed when the crisis opened that this country would remain neutral. She even affected some little doubt about the French attitude. The result was that she behaved with a rash incompetence which was more than accidental. The Bismarckian school cultivated no fine psychology. It believed in threats and bribes, and it believed in nothing else. A finer knowledge of men would have told the Germans that a public exploit of bullying is the one thing that cannot be repeated twice in a generation. On this showing, Russia would have ceased to be a Great Power, and the Triple Entente would have fallen in pieces if Germany for a second time had had her way by these methods. Given the blindness on one side and the soreness on the other, the event was fatally predestined. Germany has had to learn by the sequel, that the

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Triple Entente was in fact a more solid bond that the Triple Alliance. Britain, bound perhaps by a debt of honor contracted secretly and by elusive steps, has stood by allies to whom in form she denied the name. Italy has remained neutral, on the ground that the offensive attitude of Germany dissolved her treaty obligations to the Triple Alliance.

The moral of the catastrophe is clear as daylight, and it will be clearer still when it has been written in blood across a continent. The system of the two armed camps has issued in its natural consequence. The folly of maintaining peace by preparing for war is once more demonstrated, if a further chapter of human history were needed to make it clear. The theory that alliances secure peace has gone with all the rest of the baggage of delusion. Alliances are not at all times equally strong or equally secure, and that is the fundamental reason why a balance can never be secured. It is clear from these papers that Sir Edward Grey, for all his untiring efforts to mediate, regarded himself throughout as a member of the Triple Entente, and intended to stand by his friends if the issue became European. He strove, indeed, to form a Concert. But between the theory of the balance and the theory of the Concert there is an absolute contradiction. Respected by the Germans, transparently sincere, manifestly friendly, his voice when it spoke for peace was still a voice that came from one of the armed camps. In the last fatal hours of the crisis he seems to have perceived that at the root of all the difficulty there lay neither the Servian nor the Belgian issue. We find him on July 30th making to Germany a remarkable offer. He had hesitated to make it before, and felt that it might be regarded as "Utopian." It was the promotion of "some arrangement" to which Germany should be a party, "by which she could be assured that no aggressive or hostile policy would be pursued against her or her allies by France, Russia, and ourselves, jointly or separately." We are not quite sure what this means in detail, but its spirit is clear. It is an offer of permanent peace between the two groups. It means, in a word, the constitution of a Concert, and the fusing in it of the group system.

That proposal came too late. One cannot transform the European system while every Power is watching in alarm the mobilization of its neighbors. The heavy balance of criminality in this last crisis only too clearly lies with Germany. But she in her turn had gone through the sensation of being "penned in," and her fears of the Russian mobilization may possibly have been a reflection of the complacency with which French and Russian experts had discussed the recent Russian military reform. The whole world had been told that Russia was henceforth in a position to take the offensive. Germany, indeed, has brought down upon Europe all the latent terrors of the system of the armed peace and the balance of power. But for the system itself, every Power is responsible. If this war is to bring in the end anything better than a curse of ruin and hatred to Europe it must be so conducted and so terminated that it shall result in the formation of a Concert. Victory—complete and unquestioned—there must be for our arms, but the conflict need not be prolonged by one superfluous hour. A Germany hegemony in Europe, if ever that had been possible, would obviously have been a crying evil. A Russian hegemony would be a still greater mischief. Temptation there may come, as Russia's slowly gathered forces are available, to prolong the war for a general remodeling of the map of Europe. We may see repeated by Russia the egoism by which Bulgaria prolonged the Balkan war, after its real object was attained. We are thinking today of the imminent, and to us most repugnant, danger to Belgium and France. We believe that that will pass. There may come a moment when the issue will be the crushing of Germany and the partition of Austria. Our weight has been thrown into one scale. It is being at this moment used for purposes of defense. Our statesmen would, we believe, pause if victory bring with it the opportunity of passing from defense to conquest and sweeping partition. With

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the German people we have still, in spite of war, no individual quarrel. Our duty to civilization is so to act that they may resume their place among the family of nations. The politics of the Balance are bankrupt. This war began with a failure to improvise a Concert. It must end with realization of Sir Edward Grey's nascent idea of the permanent creation of a European system, freed from the menace of group rivalries, and solid only to repress the egoisms and compose the feuds of its equal numbers. —From "The Living Age" of Boston, August 29, 1914.

RADIUM IN CANCER.

The papers on radium therapy in this and recent numbers of The Journal, in addition to being instructive in themselves, are indicative of the interest in the subject at the present time. Radium therapy is going through the period of enthusiasm that Roentgen-ray therapy experienced ten years ago. This is perhaps inevitable, and after it the method will doubtless settle into its true place in therapeutics. It is not a new discovery that radium has interesting and useful possibilities. That was shown by Wickham and others several years ago. Indeed, we know enough from our experience now to predict with considerable assurance the extent of these possibilities. Radium is useful in numerous dermatoses; and, passing to the larger subject of cancer, it is indisputable that radium can be used successfully to destroy certain localized malignant growths. that is, growths on the surface whose entire extent can be sufficiently exposed to its energy. Extensive growths involving deep structures and disseminated growths are beyond its control, and there is no reason to believe that they will ever be brought within its control, for all experience with radium and the Roentgen rays has shown that these agents are useful in malignant growths only so far as they can directly destroy the cancerous tissue. In fact, there is every reason to believe that the extent and the limitations of therapeutic usefulness of the two agents are essentially the same, as are, indeed, the actinic energies of each. We have, then, a considerable experience on which to base our estimate of the usefulness of radium therapy, and from this experience there is no justification for the promise of relief in extensive cancer from the use of radium, or for the hope that with large quantities of radium we would be much nearer the solution of the problem of the cure of cancer in general than we are now. Radium has a useful therapeutic field, and it would be unfortunate for its therapeutic reputation to be damaged by exaggeration or injudicious enthusiasm.

1. Tousey, Sinclair: A Case of Disseminated Carcinoma of the Breasts and Axillae Improved by Radium, The Journal A. M. A., April 11, 1914, p. 1167. Clark, A. Schuyler: Radium Treatment of Cutaneous Epitheliomas by Single or Massive Doses, ibid., May 9, 1914, p. 1453. Janeway, H. H.. Results of Radium in Cancer, ibid., May 30, 1914, p. 1707. Kelly, H. A., and Burnam, C. F.: Radium in the Treatment of Uterine Hemorrhage and Fibroid Tumors, ibid., August 22, 1914, p. 622. Simpson, F. E.: Radium, Its Uses and Limitations in Skin Diseases, this issue, p. 737. Holding, A. F.: The Relative Value of Radium in Dermatology, this issue, p. 741. Newcomet, W. S.: Radium and the Roentgen Rays in Radiotherapy, ibid., this issue, p. 743.—From the Journal A. M. A., August 29, 1914 (editorial).

—From the Journal American Medical Association, Aug. 29, 1914, Editorial.

MODERN BULLET WOUNDS IN WAR—DEATHS MAINLY FROM HEMORRHAGE—AMPUTATIONS LESS FREQUENT.

Interesting figures of the cost of medical service in war and the percentages of death from wounds in modern warfare are given in an editorial in the current issue of The New York Medical Journal. The journal quotes Prof. Charles Richet of the University of Paris as authority for the assertion that ambulance service alone for 500,000 wounded or ill costs $1 a day for each or $500,000.

"This is a startling sum," says the editorial, "but apparently it does not take into consideration the cost of feeding the doctors, nurses, and either chauffeurs, or drivers of horses connected with the ambulance service, while there is no estimate of the first cost of the elaborate paraphernalia, drugs, apparatus, instruments, etc., required."

Roughly speaking, the editorial asserts, battle casualties in recent wars have var-

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ied from 10 per cent. to 20 per cent. of the number of soldiers engaged. The ratio of killed and wounded has been about one to four. Of the casualties from 65 to 80 per cent. were caused by rifle fire and from 20 to 30 per cent. by artillery fire, chiefly shrapnel. Bayonet and sabre wounds have been of comparatively infrequent occurrence and little mention is made of them in reports. In the civil war in this country 90 per cent. of the total wounds recorded were caused by small arms, while the injuries from artillery amounted to only 9.87 per cent. of the total wounds.

"The increase in range, the rapidity and accuracy of fire developed in modern military firearms, supplemented by the relative increase in the strength of field artillery, will have an important bearing upon the character of the wounds and the number of casualties," say the journal, in commenting on the present war. "Experience in recent wars has demonstrated the character of the injuries produced by modern firearms. The European powers have all adopted rifles with similar ballistic properties. The bullet is jacketed, of small calibre, varying from 6.5 millimetre to 8 millimetre, and weighs from 150 to 200 grains. It is either ogival or pointed in shape and has an initial velocity of from 2,000 to 2,700 feet a second.

"The pointed or 'spitz ball' has been adopted by England, Germany, Turkey, and the United States. The wounds inflicted are therefore entirely different from those inflicted by the rifle in use several decades ago. This weapon had a low velocity and carried a soft leaden bullet of large calibre.

"Experiences in the Russo-Japanese and Balkan wars have demonstrated that at the greater ranges perforations of the abdomen, chest and skull may take place with astonishingly slight effects. This statement must be modified so far as the pointed bullet is concerned, since this bullet has its centre of gravity near its base, and is usually 'set up' on meeting with slight resistance, thus forcing its way through the tissues in its length instead of in its diameter.

"Fatal primary hemorrhage occurs much more frequently than in earlier wars, because the small-calibre jacketed bullet is more likely to sever vessels, while the large-calibre bullet, moving with less velocity, affords time for the vessel to be pushed aside from its course. It has been estimated that 85 per cent. of deaths on the modern battlefield are due to hemorrhage. Secondary hemorrhage, which in former wars was of such common occurrence, nowadays rarely occurs, while traumatic aneurism is much more frequent.

"Amputations are much less frequently necessary, and then only where there is extensive destruction of limb, as in wounds by large shell fragments, or injuries to blood vessels completely arresting circulation. Wounds inflicted by the modern rifle bullet, if properly protected against infection, never require amputation unless the circulation is arrested. Machine guns use the rifle ammunition, and the wounds inflicted by them are identical in character with those inflicted by other small arms.

"The wounds inflicted by shrapnel differ from those caused by the rifle bullet in that they are accompanied by a greater contusion and involve a greater amount of tissue, shrapnel bullets being of greater size and having a much lower velocity. Shrapnel wounds are frequently multiple, and almost invariably suppurate, since they are very apt to carry foreign material from the clothing into the wound."

VALUE OF MASK OVER SURGEON'S MOUTH.

In order to demonstrate the value of a mask over the surgeon's mouth during operations Candler carried out the following experiments with bacillus prodigiosus: With ordinary breathing and quiet speaking no bacilli left the mouth. Coughing for two minutes caused only a few bacilli to be emitted, and they were controlled by a mask of eight layers of gauze, one of four layers being insufficient. Sneezing was shown to be a most dangerous source of infection from the

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mouth, one sneeze, and that an artificial one, producing 130 colonies of micro-organisms in a circle of 3 1-2 inches diameter at a distance of 18 inches. A mask of eight layers is not sufficient to keep back all organisms during prolonged sneezing, although it reduces the infection considerably. There was, however, no growth on a plate exposed to one sneeze through such a mask.—From Kentucky Medical Journal.

FOR INSOMNIA.

There are directions galore for wooing sleep. Here are somebody's ideas which, to be sure, do not bristle with great originality. At any rate, the suggestions are harmless: On going to bed you assume a comfortable attitude in which every muscle is relaxed, but not the attitude in which you are accustomed to go to sleep, though something resembling it. Every movement, coughing, yawning, etc., is strictly repressed, especially the desire to turn over. As a rule, by the end of fifteen or twenty minutes of this persistent maintenance of the same attitude you will find yourself growing very drowsy, and then, just as the desire to turn over becomes absolutely uncontrollable, you turn with the least possible effort and assume the position in which you habitually go to sleep, and natural sleep follows at once. This method, it is claimed, seldom fails and should be given a thorough trial at least before resorting to a drug to bring sleep.—Med. Summary.

CLINICAL AND EXPERIMENTAL WORK WITH NEOSALVARSAN INJECTED INTO THE CENTRAL NERVOUS SYSTEM OF MONKEYS.

This article reports extensive experiments on monkeys treated with neosalvarsan injected directly into the central nervous system in doses relatively much larger than are used in the clinic and three times as concentrated. One monkey by lumbar puncture was given—proportional to its weight—thirty times the amount given to patients, and yet it showed no signs of anything wrong, kept clinically healthy, and only the microscope revealed slight and circumscribed histologic changes. The dose was 3 c.c. of a 0.15 per cent. solution. With stronger solutions injected into the spinal canal or brain the nervous tissue showed signs of severe irritation, especially in the vessel walls and the glia. The monkeys injected subdurally and into the spine even with large amounts of the solution used on patients (0.15 to 300) were not affected deleteriously in the slightest and even the microscope failed to reveal the slightest change. The article is accompanied by fourteen pictures of the microscopic findings under the intensive dosage. The results of the research are very encouraging for the mild intraspinal use of neosalvarsan in Gennerich's dosage, that is, not over 6 c.c. of a 0.15 to 300 solution. (See also Berlin Letter in The Journal, June 20, p. 1979.)

W. Weygandt, A. Jakob and U. Kafka in July Munchener Medizinische Wochenschrift, Berlin, Journal A. M. A., Aug. 29, 1914.) Early syphilis, properly treated with salvarsan and mercury for six months, a year, or two years; that is, until a negative blood serum is permanently secured, will never require spinal treatment. But it is encouraging to know that healthy monkeys bear large doses of neosalvarsan. Over thirty cases have been treated in Indianapolis, including private and hospital cases without harm to the patient. A. W. B.

SEIDLITZ POWDER.

This old-time remedy has been largely supplanted by the newer ready-mixed effervescent salts. As a matter of convenience Seidlitz powder sometimes is to be preferred. Its preparation is simple. Triturate one part of bicarbonate of soda and three parts Rochelle salts and wrap 160 grains of this in blue paper. Thirty-five grains of tartaric acid is wrapped in white paper. When ready to take both powders are added to a glass of water.—Med. Summary.

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MEDICAL MISCELLANY

THE CIVIL WAR VETERAN AT DETROIT—NEW USE FOR RADIUM.

After a few weeks' pleasure at Star Island, Mich., it was my good fortune to reach Detroit during the G. A. R. encampment. The first one was held in Indianapolis, November 20, 1866. Stephen A. Hurlburt, of Illinois, was commander-in-chief. Again it was held in the same city June 15, 1881, and a third time on September 21, 1892. Some physicians in Indianapolis will remember that Dr. E. S. Elder, then dean of the Indiana Medical College, was chief of the medical corps appointed by the citizens' committee and the writer was chief Field Surgeon.

What a change has taken place since then! It was said that in the line of march in Indianapolis in 1893 there were one hundred thousand men, and in Detroit in 1914 we saw a remnant only. At the conclusion of the Civil war in 1865 there were mustered out 1,000,000 men, and the review at Washington was wonderful. It took two days of ceaseless marching to pass the reviewing stand, and the average age was not quite 25 years. On September 2 the line of march in Detroit had but eight thousand men. Forty thousand are still living and the average age is 73 years. The report of Oscar A. Janes, of Detroit, adjutant general of the Grand Army of the Republic, showed that, "On January 1, 1913, there were 180,213 members in good standing in the organization, and on January 1, 1914, there were 171,335, a net loss of 8,878 members, as against a loss of 11,119 for last year. The loss on account of death is 11,187, which is 151 less than a year ago." Detroit knows how to do things well, and nothing was left undone that would add to the comfort and pleasure of the veterans. It was a time and place to study men. Many showed the infirmities of age, and yet with a few time had dealt kindly. Although the streets were densely crowded, the appearance of an old soldier was a signal for everyone to step aside for the guest of honor and lend a helping hand if needed. Age had made bent forms and wrinkled faces, but the observer would forget these when he saw Bill and Joe clasp hands and discuss some of the happenings of the war. At heart, these men who saved the country seemed young again, and their bodies for a time seemed to throw off some of the manifestations of age.

I visited the emergency hospital in Grand Circus Park. Dr. Burt R. Shurley was chief of the medical corps, and he had sixty assistants selected from the prominent physicians of Detroit. At the headquarters I met Dr. E. J. Smith and Stephen H. Knight, who are members of the corps. Each did duty for two hours, and then was relieved by another member. The Red Cross nurses rendered valuable service and each was on duty eight hours. Five large tents were well equipped with all that is necessary for emergency service. Dr. Smith and Dr. Knight informed me that when members of the Grand Army and their wives came to the city at night they were given shelter and hotel accommodations arranged for them the next morning.

The physicians had their work well in hand and deserved great credit. The Boy Scouts were in evidence everywhere. They did more for the comfort of the visiting soldiers than any other organization. They carried the bundles for the old men, escorted them to the hotels or any place they wanted to go. At the bureau of information there was a constant call for the Boy Scouts. Generally in the city when we want information we ask a policeman, but here it was a Boy Scout. I heard one old man, whose eyesight was far from good, say to one of the lads in brown uniform, "I want to go to the Griswold Hotel, where the prisoners of war have their headquarters, and if you'll tell me where it's located, I'll try to get there." The Boy Scout replied, "I will carry your satchel and take you to the next street car and to the hotel." I saw many instances where

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these lads were ever in need, and Doctor Smith at headquarters was only one of a dozen whom I heard praising the work of the Boy Scouts.

Dr. H. H. Rusby, of Columbia University, has been conducting an experimental farm near Cleveland, and in an address before the American Pharmaceutical Association said that it will soon be possible for a farmer to make his land 25 per cent. more productive by the application of radium. He said that "the force of radium is so great that we can not conceive the possibilities of its use. Its energy comes from the disintegration of atoms, particles so small that we once thought them indivisible.

"Particles smaller than atoms are thrown off from a piece of radium with such force that they penetrate almost any substance known but lead of seven inches in thickness. Men working in the factories where they make radium are continually suffering terrible accidents because it burns at a distance, destroying the flesh instantly before danger is appreciated.

"One grain of this substance put in the ground would kill all vegetation for an acre around. In smaller quantities it stimulates, and we think it will be possible for the farmer to use it and grow on four acres what now takes five. This will make him a profit over the cost of his radium for the first year, and he will not need to renew the treatment, although it will continue to be more and more effective.

"In Paris, radium is the only treatment used for certain kinds of growths. There is a radium bank, which has a piece of radium for its capital, and this is loaned out to physicians in quantities worth about $250,000 each. The physicians can use this for the cure of cancer and the patient pays interest on the use of the bank's capital at a low rate. In England and other European countries as well as in France, the value of radium is recognized."

Dr. Rusby lived in Detroit twenty-five years ago. He made the first herbarium established by the Parke-Davis Company, and with it took a prize at the Philadelphia Centennial exposition.

S. E. EARP.

BOTTLED NOSE WHALES AT LONG BEACH.

With one unusually high and strong sweep of the waves mother and babe were thrown high and dry on the shore and so far inland that no succeeding wave was strong enough to sweep them back into the water.

Their death struggles were not long drawn out and so there was no necessity for the use of harpoons, which some of the more excited demanded should be brought. Few indeed thought that whales could die so tamely and unpicturesquely as this pair did.

When the excitement had abated, and a few tears shed by sympathizing young women who possibly thought that tears at such a time would make a hit with susceptible young men, word of the unregistered arrivals was telephoned from the Nassau to the American Museum of Natural History and Dr. Rockwell and a couple of members of his staff arrived at Long Beach and were proud and happy to get possession of two such admirable specimens for preservation in the archives or show cases of the museum. The mother whale measured eighteen feet and two inches "over all," and the baby was nine feet exactly.

Those who were earliest to reach the spot where later the visitors landed were sure that the strangers were nothing more than huge porpoises. An extremely long and exciting half hour solved the mystery, for there was then plainly in sight a big specimen of the bottle-nosed whale and her calf coming toward the shore in the sweep of the tide in spite of all their efforts to regain the safer waters of the ocean.

"There she flukes," shouted one of the elderly chasers of the sensation who had read many sea stories and recalled the expression of old whalers.

"Fluke" she certainly did, for with a swish that threw her great ponderous body up in the air until her white belly

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glistened in the sun, the mother dived. She must have found shallow bottom right there, for in less than a minute she was back alongside her calf and being swept to the shore by the force of the tide. For perhaps five minutes more the pair struggled against fate, lashing the water into foam and giving to the onlookers such a sensation as is generally vouchsafed to people at summer resorts only when the sea serpent puts in his annual appearance. But there was no "fake" about this show.

Whales follow the Baffin Bay cold waters as far as Fort Macon, N. C. The writer of this note saw the remains of a great eighty-foot whale at Beaufort. It was harpooned. The whalebone plates were eight feet long and worth $10 each for whip handles. The flesh was used to enrich the village gardens. This was in July of 1878, when the writer, with Dr. D. S. Gordon and Professor Everman, was conducting a vacation school in natural history and collecting new species of fishes for the National Museum. One of these was named for the writer "Notyopis Brayton." A. W. B.

DR. CRILE AGAIN HONORED.

The latest of the many recognitions this year bestowed upon Dr. George W. Crile is the 1914 American Medicine gold medal, conferred upon him as the American physician who, in the judgment of the trustees of the award, has performed the most conspicuous and noteworthy service in the domain of medicine and surgery during the past year.

Monumental was Crile's work in the establishment of a safe method of blood transfusion. Equally large in effort and dignity are his very important contributions to our knowledge of shock. His development from them, more particularly from his kinetic theory of "anoci-association" methods in operating, is the particular achievement that has singled him out this year for various conspicuous honors here and abroad. Whether or not his teachings concerning shock and his anoci-association procedures will be as lasting additions to medicine as blood transfusion, these honors were fairly won.—Dr. Walter M. Brickner.

Brickner, in the August issue of the American Journal of Surgery, of which he is editor, signs the above note. It is remarkable how Dr. Crile has forged to the front in the estimation of the great surgeons of the world. His essential industry, perseverance, manliness and spirit of friendship and helpfulness are noted by all of our Indianapolis surgeons who have visited him or been operated on by him. An effort will be made to have Dr. Crile be the guest of the Indianapolis Medical Society in the early autumn. A. W. B.

NEARLY 9,000 PREVENTABLE DEATHS IN INDIANA LAST YEAR —HALF FROM TUBERCULOSIS.

While learned men in the war college have been computing the amazing cost of the international struggle on the historical battlefields of Europe, some figures were made public today by the Indiana State Board of Health, showing the havoc wrought in Indiana by preventable disease in the short span of twelve months between January 1, 1913, and December 31, 1913.

In all, 8,762 deaths were caused by preventable disease in this state last year. The total is divided as follows:

Tuberculosis	4,108
Typhoid	701
Diphtheria	516
Measles	461
Whooping cough	363
Scarlatina	199
Smallpox	11
Cerebrospinal trouble	27
Poliomyelitis	38
Deaths from diarrheal diseases occurring under two years of age	1,832
Deaths from diarrheal diseases occurring over two years of age	506
Total for year of 1913	8,762

The 4,108 deaths caused by tuberculosis cost the community, according to figures compiled by Professor Irving Fisher, of Yale university, the sum of $32,608,000, including the loss due to sickness, medi-

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cines, nursing and the taking away from thousands of families wage earners, thus throwing on the community the expense of caring for widows and orphans left without support.

The 4,654 deaths from other preventable diseases which, as a usual thing are of less duration than tuberculosis, cost Indiana $23,270,000, according to an estimate by Dr. W. F. King, assistant secretary of the State Board of Health, who pointed out that he based it on one-half the statutory value. Dr. King added that he has made no estimate of the enormous loss caused through the approximately twenty-five thousand cases of preventive diseases in which the victims recovered.

The loss of lives from preventable diseases in Indiana in 1913 was 8,762. The approximate monetary loss was $55,878,000. This is why Indiana is preparing to observe Disease Prevention Day, Friday, October 2.

THIRD ANNUAL MEETING OF ALIENISTS AND NEUROLOGISTS.

The Alienists and Neurologists of the United States have held three annual meetings under the auspices of the Chicago Medical Society. The last of these meetings, held July 13-17, 1914, inclusive, was a truly national affair. Nearly one hundred men from thirty States took part in the sessions and presented the special subject of mental diseases, both in their medical and sociological aspects, more thoroughly than any previous congress of specialists. Twenty-seven States were represented officially by representatives of the governors of those States.

The papers read and the discussions are of permanent value, and may be considered the most up-to-date contribution to this subject, which is of interest not only to the medical man, but also to the rapidly growing group who perceive that society must protect itself against the menace of degeneracy, both mental and physical.

Committees will be appointed in every State in the Union to bring before the governors and legislatures the work of this medical congress, with the hope of doing something in the way of securing uniform legislation for the betterment of society and the control of our mental deficients.

To the end that the papers and discussions may be available, the Illinois Medical Journal will publish them in October in a special edition. A limited number of extra copies will be on sale at the office of publication, 3338 Ogden avenue, Chicago. Price, $2.

THIS JOURNAL.

Miss H. M. Patterson, who has had charge of the business department of The Journal since 1909, will soon change her residence from Indianapolis to one of the Western States. She has seen The Journal double its circulation and advertising space since her first connection with it. Then it was largely an Indiana journal, and now it reaches every State of the Union and has an original department contributed to by some of the best men in the United States and several of the foreign countries. It is run by no clique, carries no malice and is positively upon an impartial basis. Its editorials are scientific, fair and frequently of a personal nature; its abstract department contains carefully selected and condensed reports of the most recent work concerning medicine and surgery, placing great emphasis upon research work. The book department is never stereotyped, as often found in medical publications, but is the result of the earnest work of its contributors. Many reviews are lengthy and contain a considerable amount of scientific news germane to the subject under consideration, and yet there is given an unprejudiced opinion of the book reviewed. It is a doctor's journal for the doctors and is read extensively. It is for some of these reasons mentioned that it has a large advertising patronage. Its success perhaps might be attributed to the earnest and personal work of the editors and their friends, and yet much of this has been made possible by the valuable help of Miss Patterson. She has been faithful and all her endeavors have favored

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The Journal. In her new field the best wishes of The Journal go with her. Her change of residence made it necessary that she have a successor, and in July Dr. Eugene Buehler was selected. The Journal is to be congratulated upon his acceptance of the position. He was a captain during the Spanish-American war, and for many years was connected with the Health Department of Indianapolis. He is well known in the city and has shown himself to be a competent business man. During his short service of two months he has shown marked ability in caring for the business interests of The Journal. While The Journal has done well, this is not enough, and its workers will endeavor to have it better than ever before, in all respects. Suggestions or criticisms from our friends and readers are always in order. We invite them, and will try to be benefited by them. We are determined that The Indianapolis Medical Journal shall be in every way one of the best medical publications that is received by the doctor.

CHANGES IN THE FACULTY OF THE UNIVERSITY MEDICAL SCHOOL.

Dr. Virgil H. Moon, of Chicago, has been appointed acting head of the department of pathology, with the title of assistant professor of pathology.

Doctor Moon was born in Indiana and has a degree from Rush Medical College and fellowship in pathology in the same school. He has several honors to his credit in research work. His publications on scientific subjects have won much praise. His A. B. and M. Sc. degrees are from Kansas State University. He was instructor in the University of Illinois 1913-1914.

Dr. Geo. S. Bond, of Richmond, Indiana, will for two years engage in research work, will have charge of the electrocardiograph station at the Robert W. Long Hospital, and will teach anatomy and physical diagnosis in the medical school. He is to give his entire time to school work for two full years, after which time he may enter consulting but not general practice. Doctor Bond has a medical degree from the University of Michigan, A. B. from the same institution and B. S. from Earlham College. He was an assistant at Johns Hopkins Hospital in 1911-13, and was physician in charge of the medical research laboratories, physiological division, including the electrocardiograph station, at Johns Hopkins, 1913-14.

CAUSE OF TYPHOID IN INDIANAPOLIS.

The City Board of Health, Indianapolis, in investigating the typhoid situation, found that fourteen cases were due to the careless handling of empty milk botltes. A family in which there was typhoid fever bought milk at the grocery and returned the empty bottles to the grocer; these were again filled by the dairy man and returned to customers, resulting in a large number of new cases.

There were over 700 deaths from typhoid fever in Indiana last year, according to the State Health Board. Among over 80,000 United States soldiers, all vaccinated last year, there was not a single death. Probably not a soldier of the present International war will die of typhoid. It is now left to the choice of parents and the community to have or not have typhoid. It is now a disease of the ignorant and stupid.

EXAMINATION OF CANDIDATES FOR ASSISTANT SURGEON TREASURY DEPARTMENT UNITED STATES PUBLIC HEALTH SERVICE.

Washington, August 25, 1914.

Boards of commissioned medical officers will be convened to meet at the Bureau of Public Health Service, 3 B street S. E., Washington, D. C., and at the Marine Hospitals of Boston, Mass., Stapleton, N. Y., Chicago, Ill., St. Louis, Mo., New Orleans, La., and San Francisco, Cal., on Monday, October 19, 1914, at 10 o'clock a. m., for the purpose of examining candidates for admission to the grade of assistant surgeon in the Public Health Service, when applications

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for examination at these stations are received in the Bureau.

Candidates must be between 23 and 32 years of age, graduates of a reputable medical college, and must furnish testimonials from two responsible persons as to their professional and moral character. Service in hospitals for the insane or experience in the detection of mental diseases will be considered and credit given in the examination. Candidates must have had one year's hospital experience or two years' professional work.

Candidates must be not less than 5 feet 4 inches, nor more than 6 feet 2 inches in height.

The following is the usual order of the examinations: 1, physical; 2, oral; 3, written; 4, clinical.

In addition to the physical examination, candidates are required to certify that they believe themselves free from any ailment which would disqualify them for service in any climate and that they will serve wherever assigned to duty.

The examinations are chiefly in writing, and begin with a short autobiography of the candidate. The remainder of the written exercise consists of examination in the various branches of medicine, surgery and hygiene.

The oral examination includes subjects of preliminary education, history, literature and natural sciences.

The clinical examination is conducted at a hospital.

The examination usually covers a period of about ten days.

Successful candidates will be numbered according to their attainments on examination, and will be commissioned in the same order. They will receive early appointments.

After four years' service, assistant surgeons are entitled to examination for promotion to the grade of passed assistant surgeon.

Assistant surgeons receive $2,000; passed assistant surgeons, $2,400; surgeons, $3,000; senior surgeons, $3,500, and assistant surgeon generals, $4,000 a year. When quarters are not provided, commutation at the rate of $30, $40 and $50 a month, according to the grade, is allowed.

All grades receive longevity pay, 10 per cent. in addition to the regular salary for every five years up to 40 per cent. after twenty years' service.

The tenure of office is permanent. Officers traveling under orders are allowed actual expenses.

For invitation to appear before the board of examiners, address "Surgeon General, Public Health Service, Washington, D. C."

DEATH OF LEWIS A. GABLE, DRUGGIST.

Lewis A. Gable, for 33 years a druggist on the corner of Illinois and Sixteenth streets, died at his home, 1620 North Pennsylvania street, Indianapolis, August 13. Mr. Gable had been a life-long Methodist, a charter member of the Board of Trade, a Mason and an Odd Fellow. He was especially energetic in his line of business, and this was particularly marked during the days of Eastman, Harvey, Biglow, Chambers, Featherston and Todd. These men had confidence in him and always trusted him with their prescriptions. He was eminently competent, honest, upright and showed a fairness in his dealings. Perhaps during late years Mr. Gable has been less active, but he was always courteous and a reliable friend. S. E. E.

THE PRIVATE HOURLY NURSE.

The field of the private hourly nurse does not in any way encroach upon that of the private duty nurse, nor upon the field that is to be looked after by the charity organizations. Briefly, some of the fields in which the private hourly nurse may be employed advantageously might be thus considered:

For many reasons, families of unlimited means may find it undesirable, or inadvisable, to place an indisposed member under the constant care of a trained nurse, but may really need skilled services an hour or more each day.

Dwellers in small apartments and hotels find it inconvenient to house an ex-

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tra individual, but would appreciate the assistance that could be rendered in one or two daily calls.

Men who support families on small incomes are not prepared to pay $25 per week, but could easily pay for a visit from the hourly nurse, who would carry out those instructions that could not possibly be carried out by inexperienced individuals.

Many patients who are quite able to care for themselves are negligent about instructions in regard to treatments.

Patients leaving the hospitals often need "follow-up" treatment.

In minor surgical cases and in obstetrical work the private hourly nurse, with her equipment, may demonstrate her usefulness.

Miss M. R. Van Auker has started such a movement and it is said that it will in no way interfere with the work of the Public Health Association, whose merits we have spoken of freely elsewhere in this issue.

The charges made for visits are very reasonable, and the service is intended to meet the demands for skilled attention that could be rendered in an hour or two daily in families that would not consider calling upon the Public Health Association for assistance.

S. E. E.

DEATH OF DR. WILLIAM G. RALSTON AT NINETY-FIVE.

Dr. William G. Ralston, age ninety-five, Evansville's oldest physician and a relative of Governor Samuel M. Ralston, died at his home in Evansville August 11.

Doctor Ralston was born at Princeton, Ind. His paternal grandfather, William Ralston, participated in the siege of Yorktown when Cornwallis surrendered to George Washington, and also in the war of 1812. His maternal grandfather, Joseph Neely, was major of a regiment in the Revolutionary war and also was in the siege of Yorktown. His father, Andrew Ralston, was a soldier in the war of 1812, having enlisted when but eighteen years old.

At the beginning of the Civil war Doctor Ralston was appointed by Governor Oliver P. Morton as surgeon of the Eighty-first Indiana regiment. Within a year he was appointed surgeon of the board of enrollment for the First Indiana district. Doctor Ralston examined more than ten thousand volunteers, substitutes and drafted men, and continued in that position until May 30, 1865, when he returned to the practice of his profession in Evansville. He was United States surgeon at the local marine hospital for four years. He also served for eighteen years on the United States pension examining board in Evansville.

NEURONHURST GRADUATION EXERCISES.

The annual graduation exercises and Founders' Day entertainment, which is annually held at Neuronhurst, 1140 E. Market street, was held August 18. Addresses were made by the president and others. Refreshments were served, after which there was dancing. The presentation of diplomas and administertering the Florence Nightingale pledge was by Dr. Urbana Spink. The graduates were Nellie G. Connelly, Loveta Duncan Fornshell, Gladys B. Hedrick, Hallie I. Scott.

The Board of Directors consists of Dr. Mary A. Spink, President; Dr. Urbana Spink, E. B. O'Brien, Arthur Fletcher Hall, Mary T. Wilson, Dr. E. V. Green.

The lecturers and instructors of the institution are Drs. Fletcher Hodges, John Q. Davis, Luella M. Schneck, Jane M. Ketcham, Charles F. Neu, D. W. Layman, G. B. Jackson, Ada E. Schweitzer, W. F. Hughes, Frank McCool, Luther Williams, Marie B. Kast, T. N. Siersdorfer, Mary A. Spink, Urbana Spink, Mary T. Wilson.

This institution was founded by Dr. Wm. B. Fletcher and has been successfully continued.

INDIANA STATE ASSOCIATION MEETING SEPT. 23-25.

The annual meeting of the Indiana State Medical Association will be held at Lafayette, September 23 to 25. The

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sessions of the association will be held in the Y. M. C. A. building and the Second Presbyterian church. The Sunday before the meeting will be observed as "health day" and the pulpits of the city will be filled by members of the association.

NEWS ITEMS.

A son was born to Dr. and Mrs. Joseph Rilus Eastman August 11.

Dr. J. D. Garrett has returned after a month's sojourn in Boston.

Dr. H. G. Morgan and family spent the summer at Bay View, Mich.

Dr. and Mrs. G. S. Row were at South Beach, Mich., several weeks.

Dr. C. E. Cottingham returned from Lake James in early August.

Miss Mary T. Husted, R. N., of Indianapolis, has gone to Blakelee, Mont.

Dr. and Mrs. F. F. Hutchins selected Yellowstone Park for a summer outing.

Dr. and Mrs. Harry K. Langdon have returned from a three weeks' visit at Lake Wawassee.

Dr. J. W. Canaday and family returned August 10 from a motor trip to Detroit and Niagara Falls.

Dr. and Mrs. E. A. Petersdorf returned August 27 from a four weeks' visit in the East and Canada.

Dr. Thomas L. Sullivan and Dr. L. M. Dunning have gone to Chicago to take the lake trip to Buffalo.

Miss Florence Kahn, daughter of Dr. and Mrs. D. L. Kahn, was married August 12, to P. S. Florea, at the home of the bride's parents, with only the members of the immediate families present.

A suit for $50,000, filed by Dr. Charles Goar, of Indianapolis, against the Pittsburgh, Cincinnati, Chicago & St. Louis Railway Company has been venued from Indianapolis to Shelbyville. Doctor Goar is asking damages for injuries which he says he received when his automobile was struck by a switch engine at the State avenue crossing in Indianapolis. Doctor Goar was once a teacher in the Central College of Physicians and Surgeons, a State Senator and a practitioner of medicine in Indianapolis.

Dr. R. G. Hendricks announces that he has moved his office from 217½ North Illinois street to 706 Hume-Mansur building, Indianapolis, Ind.

Among those who hied to Wisconsin were Drs. Henry Jameson, Thomas B. Noble and John R. Thrasher.

HE KNEW THE ANSWER.

His name was Tommy, and he came home from school looking so down in the mouth that Mother asked him severely what was the matter?

Out of his little trousers pocket he fished a note from the teacher, which said, "Tommy has been a very naughty boy. Please have a serious talk with him."

"What did you do?" asked Mother.

"Nothing," sobbed Tommy. "She asked a question, and I was the only one who could answer it."

"H'm," murmured Mother. "What was the question?"

"Who put the dead mouse in her desk-drawer?" answered Tommy.—September Lippincott's.

THE SEA-GOERS.

"Ah!" cried the Viking's daughter as she caught the flying spray in her radiant face, "a life on the ocean wave for me! Isn't it perfectly gorgeous, Algie?" "Oh—h—h, yes," gurgled Algie, making a break for the rail, "oh, yes,—ah—ah—disgorgeous."—September Lippincott's.

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BOOK AND JOURNAL REVIEWS.

Bedside Hematology, by Gordon R. Ward, M. D. (London). Illustrated. W. B. Saunders & Company, Philadelphia and London.

This book of 400 pages is an introduction to the clinical study of the so-called blood diseases and all allied disorders. These researches on blood are comparatively modern, having been overshadowed during the present generation by the more exclusive pathological researches.

It requires no long study and the reviewer has spent a long evening over its interesting pages to determine that it is a valuable book for the present times. First, there is a classification, and a good one. Then a chapter on the blood-making organs—the marrow lymphoid tissues, spleen, and the various cells of the blood itself. The third chapter is direct teaching as to how to make a blood examination.

Then the diseases—chloroma and myelaemia; Hodgkin's disease and Gaucher splenomegaly. Third, the localized affections of blood-forming tissues; lymphoma, multiple myeloma, splenic anaemia of adults, and lymphatism. And so on for 175 pages more. There is a chapter on the blood in surgical diagnosis.

The chapters on treatment show a large knowledge—for users of adrenalin, of salvarsan and other arsenical products—condensed wisdom and valuable suggestion.

The chapter on transfusion makes use of the experiments witnessed by the bright-eyed and myriad-minded Pepys at Gresham College, where he saw "a pretty experiment of the blood of one dog let out, till he died, into the body of another on one side, while all his own ran out on the other side—the first died upon the place, and the other very well and likely to do well."

Pepys remarks that "this may be of mighty use to man's health, for the amending of bad blood by borrowing from a better body." Then, as now, it was hard to get subjects, so "they took a man who is a little frantic, that had been a kind of minister, that the college hath hired for twenty shillings, to have some of the blood of a sheep let into his body." But our readers can take down their Pepys and read for themselves (we are sorry for the physician who has not a Pepys, or an Evelyn's Diary at his hand, as it is a liberal education to be familiar with them).

Just this little quotation from Pepys is illustrative of the scholarly English writers on medicine—it bubbles up continually and is much of the charm of Osler's Practice of Medicine, but in this book of Doctor Ward's it is not overdone. He sticks to his text (unlike the present writer) and quotes very little. He certainly must be a great teacher. We have no hesitancy in recommending to our readers the purchase of this book when the agent comes around. It should be read especially by some of the flippant case reporters in our medical societies. A. W. BRAYTON.

Modern Surgery: General and Operative. By J. Chalmers DaCosta, M. D., Samuel D. Gross, Professor of Surgery, Jefferson Medical College, Philadelphia, Pa. Seventh Edition. Revised, enlarged and reset. Octavo of 1,515 pages, with 1,085 illustrations, some of them in colors. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $6 net; half morocco, $7.50 net.

The page is a little larger, to keep the book within bounds, as 250 pages of new matter appears without greatly increasing the number of pages in former issues. There are 1,085 illustrations, some of them in colors. The book is dedicated in a highly eulogistic paragraph to Dr. William Stewart Halstead, of Johns Hopkins Hospital, as the "chief surgeon and inspiration of the greatest and most influential surgical clinic in the world, a clinic from which come important facts, real ideas and brilliant men." A reviewer might recall, on reading this dedication, that there are several other surgical

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idols in the United States. The "Mayo brothers" and "Murphy of Chicago" dominate the Middle West; "Crile of Cleveland" looms big on the horizon—even near the zenith—with his anoci-association anesthesia, his prevention of shock, his claim that in their Cleveland clinic is the largest recovery of emergency, at least unselected cases, in the world. Heroes all, and hero worship. It is well that we recognize our great leaders and writers in medicine and surgery in the United States. It is claimed that we are dependent on European research for our advances in chemistry, in chemotherapy and psychology, notably the Germans (everything seems to depend on the Germans this August, 1914—the most momentous month perhaps in human history), but that in the wide field of general and special surgery, Americans lead the world. Medicine is contained in the German, Strumple; in the French Dieulafoy, and, to complete the triumvirate, Osler, Canadian bred, United States developed, and now English adopted and crowned.

But there is a characteristic and applicable saying of Doctor Johnson, quoted by Mathew Arnold, cynical almost to the border of brutality, but containing a warning applicable in this comparison of nationalities which is replete with robust sense and truth, and that saying is that "Patriotism is the last refuge of a scoundrel." Whatever is done to advance the science of medicine is done for no race or nation; it is done for all humanity. All Europe is now torn by war and tumult and the future is dark and foreboding, but the one group of men who will be least affected in their actions and emotions will prove to be the half million of physicians and surgeons, who, in every land, and of whatever speech or race, will go on with their great work of relieving the pain and anguish of the world. They may work on the field, in the laboratory, in the homes of the desolate, but all to the same end and in peace and unison. The silent worker in the hospital, the author in his library, have but the same purpose. We are glad to know that at this juncture the great books of the surgeons will be put in practice as well as read.

"Hope," says Dr. DaCosta in his preface, "is seldom a companion of the silent worker," and again he notes the "sense of disenchantment" and "host of misgivings" which follow the completion of a book. But we who read and apply the book to our daily duties may be assured that he has avoided the "Gradgrind catalogue of undigested and unexplained facts" in his avoidance alike of "undue length and undue brevity."

The "imperative mood has dominated his text," and he has avoided the ornaments of plagiarism.

The work of DaCosta reads right along. Who can write like him for a medical society meeting? We have laid away some of his addresses—one within a year and one of ten years ago—"Reminiscences of the Old Blockley Hospital," with its horrors, its dirt, its graft and its misery. We wish, in closing, that every surgeon in the world might have a copy of DaCosta's Surgery.

A. W. B.

An Experimental Study of Intestinal Obstruction. J. A. Hartwell, J. P. Hoquet and F. Beekman, New York. Archives of Internal Medicine, May 15, 1914.

There are two factors at work in producing the symptoms and causing death in this condition. First, the loss of water from the tissues, due to excessive drain into the bowel in response to the irritation set up by the retained secretions. This water may be replaced by subcutaneous injection of normal saline solution, and the symptoms caused are thus entirely controlled, with a saving of life. Second, the entrance into the circulation of poisonous materials, which occurs only when the mucosa of the bowel is damaged—the absorption of a poison from any source whatever, so long as the mucosa remains intact, is not a factor.

The development of a bacteremia as a cause of death is excluded.—American Journal of Surgery.

The mortality in new born infants and up to a year of age is almost total—usually it is intussusception-invagination, as a

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rule on the right side, the ileum slipping into the ascending colon, carrying the ileocecal valve in front of it. The pain, the loss of water from the blood, the bloody stools, the tumor in the flank, the mass felt with the finger in the rectum—all call for immediate operation as soon as any suspicion is aroused. The next day or wait till morning means death. A recent case observed by Drs. P. W. McCarty and W. D. Hoskins, of Indianapolis, and operated by Dr. O. G. Pfaff, thirty hours after the onset showed invagination of the lower end of the ileum and the entire colon. There was no necrosis of tissue, yet the shock was such that death ensued. Surgeons state that the hope for success is in getting the cases at once or within six or eight hours. Some of these could then be saved by early discovery and operation.

A. W. B.

Treatment of Pruritus Ani. Dr. J. Crapper, British Medical Journal.

Doctor Crapper recommends two simple remedies, both of which in his experience are remarkably efficient. The first is ordinary tincture of iodine; the second, and even better remedy, is the compound tincture of benzoin. Within a minute or two after applying this remedy the desire to scratch is over. It may be used two or three times daily, and it never irritates.

Let us try Dr. Crapper's remedy, the tincture or the compound tincture. The latter is "Friar's Balsam": Benzoin 120, storax 80, balsam tolu 40, purified aloes 20, all digested with alcohol and filtration to 1000.

Dr. E. J. Kempf, of Jasper, Ind., who died January 8, 1905, was greatly interested in the historical development of medicine, notably in therapeutics. The last article from his pen was on "The Compound Tincture of Benzoin" (pages 317 and 318 Indiana Medical Journal, of February, 1905).

Dr. Kempf lauds the "Friar's Balsam" to the skies, quoting Dr. Dorand W. Yandell, of the Confederate army surgical service, president of the American Medical Association, professor of surgery in the University of Louisville, etc. We all remember him, and his friendship with the late Dr. Theophilus Parvin, of Buenos Aires, later of Philadelphia and for thirty years—1853-1883—practitioner and teacher in Indianapolis and for fifteen years professor of obstetrics in Jefferson Medical College. Dr. Yandell and Dr. Parvin edited together the American Practitioner for several years. Dr. Kempf stood high in the medical profession in Indiana and was the life-long and respected friend of the leaders in medicine in Kentucky and Indiana. All of this group were strong on "Friar's Balsam" for cuts and bruises, for wounds and as an antiseptic, even (unjustly) ranking it as superior to tincture of iodine. Its "sealing up" qualities appealed to them, which is now just what we abhor. Probably it is the alcohol as well as the benzoin that acts as the antiseptic. The uses it was put to by Drs. Yandell, Parvin, Kempf and their students are as wide as those of alcohol and iodine of the present day, but they seem to have missed its use on pruritus ani. But there is no doubt of the antiseptic properties of benzoin and its compounds. The English therapeutists all emphasize its values. But the use of any drug must be preceded by cleanliness of the parts at all times, and the use of the mild carbolic acid solutions to allay the itching and scratching which lead to the extreme types of the disorder. A. W. B.

The Indiana Veterinary College Bulletin, under the title of The Bulletin of Comparative Medicine and Surgery, the Indiana Veterinary College, published August 15, the first issue of a quarterly journal, which is wholly owned and controlled by the college. The editor is Dr. A. S. Jaeger, professor of comparative pathology, histology and embryology in the college.

The magazine is the size of the Indianapolis Medical Journal, of thirty pages of reading matter. It is neatly printed and well edited. The jokes are from the Lactopeptine Almanac. We recommend a more useful series of fillers in future issues. State Board questions of April 10-

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11 are given—four pages. The Journal reviewed the annual announcement of the Indiana Veterinary College in our August issue. This venture is in line with the high aims of the school.

A. W. B.

Materia Medica for Nurses. By A. S. Blumgarten, Instructor in the National German Hospital Training Schools for Nurses, New York. Price, $2.50. The Macmillan Company, New York, Publishers.

About twenty pages are used relative to solutions, determination of strength and the making of them. This is needed. The classification of agents in some instances seems to be based on the condition of an organ. The technical or common name of a remedy in some instances is used, and then we infer the name in parenthesis is suggested as the synonym. For instance: Lq. vaseline (albolene); acetanilid (antifebrine). Since the names in these two instances are copyrighted names obtained by a manufacturing firm, it might possibly give a wrong impression, since they are not sufficiently equal to be used interchangeably. A word of explanation might answer. Urotropin is a trade name for hexamethylenamine, but we would not infer it from the text, because we note the parenthesis again. Under hydrate of chloral we find in parenthesis the words "knockout drops." This, even if it has an existence, is far from appropriate in a handbook for nurses. Men who have been interested in the criminal calendar have studied the subject almost to exhaustion, and it is doubtful whether or not such a solution or mixture has an identity. Contributions which have appeared in sensational papers include hydrate of chloral, or opium, or henbane, and generally conclude that it possibly might be one or the other or neither. In criminal cases it is usually just a plain case of over-drunk. Paraldehyde, trional and veronal are classed as non-poisonous. Well, I think this depends upon our definition of a poison. Since this book was published in 1914, and quite a few lines are given to unimportant drugs, it seems that there should be more than simply the word "emetine." Diphthongs are used. They might be omitted in a modern book. On page 435 the text says, "Heroin does not induce a habit." Is this safe instruction to a nurse? The Indiana Legislature passed a drug law and included heroin in the list because it is a dangerous habit-forming drug. In August two men were placed in an Indianapolis prison because they peddled heroin to people in the slums and elsewhere. This book in its final makeup may have been trusted to the assistants of the author, and perhaps he did not see the final proof. It has many good things in it, which we endorse. What is said concerning idiosyncrasy is valuable. Information relative to it appears often and furnishes the best instruction on this point that I have seen in any book. There is a large amount of material which is so condensed that it ought to be a good reference book, and with some revision it would no doubt meet with favor as a textbook. This book was handed to me for examination by Sister Vincentia, superintendent of St. Vincent's Training School for Nurses, Indianapolis.

S. E. EARP.

American Journal of Surgery. Special Anesthesia Supplement.

Recent years have been marked by some important contributions to the theory and, especially, to the practice of surgical anesthesia, but there has lacked what is now quite needed for the further scientific development of this alongside the other departments of surgery—a journalistic medium and editorial mouthpiece. The American Journal of Surgery will be expanded to meet this need. Beginning with the October issue and quarterly thereafter, this journal will publish a 32-page supplement devoted exclusively to anesthesia and analgesia.

This supplement will be a complete journal within a journal containing editorials, contributed articles and communications, abstracts, transactions of societies and book reviews. The supplement has been adopted as the official

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organ of the American Association of Anesthetists and the Scottish Society of Anesthetists and it will also publish the transactions of other like societies.

The editor of this supplement will be Dr. F. Hoeffer McMechan of Cincinnati, one of the founders of the American Association of Anesthetists and a charter member of the New York Society of Anesthetists. He will be assisted by a staff of well known specialists in Anesthesia, among whom are Dr. James T. Gwathmey, New York; Dr. Willis D. Gatch, Indianapolis, Ind.; Dr. William Harper DeFord, Des Moines, Ia.; Dr. Charles K. Teter, Cleveland, O.; Dr. E. I. McKesson, Toledo, O.; Dr. Isabella C. Herb, Chicago, Ill., and Yandel Henderson of Yale University.

SEPTEMBER CENTURY NEWS NOTES.

Arnold Bennett describes the cafes, restaurants, aristocracy and art of Copenhagen in his fourth paper "From the Log of the Velsa" in the September Century. New York has nothing like the Tivoli, in Mr. Bennett's opinion. It is what London's "Earl's Court" ought to be and is not. It is a garden in the midst of the city and comprises "restaurants, cafes, theater, concert hall, outdoor theater, bands, pantomime, vaudeville, dancing halls, and very numerous sideshows both on land and water." And the sculpture at the Glyptothek Museum, he swears, could make one forget even the income tax and the Monroe Doctrine.

Hilaire Belloc is well known in America for his delightful essays, piquant humor, and brilliant historical achievements. In the September Century he began a series of six vivid scenes from the French Revolution, his purpose being to make the reader grasp them as if an eye-witness. The series opens with the council round the king at Marly on the famous Friday night, the nineteenth of June, 1789, from this it shifts to the oath-taking in the tennis court and the meeting of the National Assembly at Versailles. The illustrations have been procured by Roger Boutet de Monvel of Paris.

PAMPHLETS RECEIVED.

The pamphlets mentioned hereafter include a variety of topics and cover an extended range. Some of these are the result of research work, and others are case reports. They are all valuable. No doubt a postal card to any of the authors will bring its writer one of the reprints, unless the supply has been exhausted. Articles as follows:

1. A Further Study of Pericolonic Membranes.

2. An Anatomic and Physiologic Method of Short-Circuiting the Colon. By Joseph Rilus Eastman, M. D., Indianapolis.

Infection and Immunity, a Review. By N. S. Ferry, Ph., M. D. Detroit, Mich.

The Employment of Protective Enzymes of the Blood as a Means of Extracorporeal Diagnosis. By Carey P. McCord, M. D. Detroit, Mich.

The Reporting of Disease, the Next Step in Life Conservation. By Louis I. Dublin, Ph. D. New York City.

1. The Roentgen Ray in Inthrathoracic Goiter and Thymus Hyperplasia.
2. Thymic Tracheostenosis and Thymus Death, with Report of Cases. By Andre Crotti, M. D., Columbus, Ohio.

Is There Danger of Inflation Under the Federal Reserve Act? By Evans Woollen, Indianapolis.

How Does Laparotomy Cure Tuberculosis Peritonitis? By Hugo O. Pantzer, A. M., M. D., Indianapolis.

Duration of Immunity Following Smallpox Vaccination. By A. W. Lescohier, M. D. Detroit, Mich.

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Reasons and Remedies for Our Business Troubles. By Samuel Untermyer, New York.

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ORIGINAL COMMUNICATIONS.

THE ENEMA AND ITS USE IN CONSTIPATION.

By W. H. Foreman, A.B., M.D., Indianapolis.

Physiologically we may consider the colon divided into two parts, viz., that portion proximal to the splenic flexure, composed of the cecum, ascending and transverse colon, and that portion distal to the splenic flexure, composed of the descending, iliac and pelvic colon, the acute splenic flexure acting as a mechanical valve.

Fecal accumulation may occur at any point along the intestine. It is only in rare cases, however, that stasis occurs in the small bowel or descending colon. The common occurrence of fecal accumulation and resulting constipation is in the cecum, ascending and transverse colon (proximal colon), and in the pelvic colon.

The pelvic colon has a long mesentery and is capable of much movement. When empty it normally lies on the pelvic floor, forming with the rectum an acute angle. When distended with feces or liquid it rises in the pelvis until the acute pelvi-rectal angle is changed into an obtuse angle. This allows the feces which normally accumulate in the pelvic colon to pass into the rectum stimulating, when the rectum becomes slightly distended, the "defecation reflex." This acute pelvi-rectal angle acts as a mechanical valve between the pelvic colon and rectum, and makes the introduction of a colon tube into the pelvic colon very difficult, in fact, almost impossible, until sufficient fluid has been forced into the pelvic colon to change the acute into an obtuse angle, or unless the pelvic colon is filled with feces, in which case the feces would offer an obstruction. Occasional pelvic bands or adhesions so interfere with the movements of the pelvic colon that the acute pelvi-rectal angle persists, or an unduly long mesentery or redundant sigmoid produce kinking of the gut. In either case it becomes very difficult to relieve the resulting constipation by enemas.

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Enemas act by the immediate evacuation of the bowel or by softening the feces which are subsequently removed.

They produce immediate evacuation of the bowel by their mechanical, thermal or chemical stimulation,. the portion of the bowel evacuated, whether rectum, rectum and pelvic colon, or the proximal colon, depending upon whether the enemas are rectal low or high.

It has been demonstrated that if sufficient fluid (2-4 pints) be introduced into the bowel at a low pressure (3 ft.) it readily passes, if there be no obstruction, to the cecum, its further progress being stopped by the ilio-cecal sphincter. The introduction of this fluid at a low pressure enables it to slightly distend the proximal colon without unduly distending the rectum and pelvic colon. We thus have mechanical stimulation not only of the rectum and pelvic colon, but also of the cecum, ascending and transverse colon. As a consequence of this distension peristaltic waves are initiated in the proximal colon which are maintained in the pelvic colon and rectum and thus the fecal contents of the entire colon are pushed along and evacuated. Likewise the action of the voluntary muscles on a distended colon aids in clearing the bowel.

The thermal effect of gradually reducing the temperature (it may be as low as 60 degress Fahr.) adds to the mechanical stimulation. Although in spastic constipation and in bowel irritation, or in highly sensitive and nervous individuals in which there is much inhibition of bowel action, the warm enema (99-100 degrees Fahr.) act by their soothing and inhibitory effect, rather than by direct stimulation. As a general principle it may be stated that warm enemas are soothing and cold enemas are stimulating, and that both act by relieving constipation in properly selected cases. Although high enemas depend for their action principally upon their mechanical stimulation of the bowel, i. e., upon slight bowel distention, yet substances may be added to the enema which reinforce peristalsis by chemical stimulation.

Water and normal salt solution seem to have no chemical effect on the bowel. Soap when added to soft water in sufficient quantity to form a good suds has a slight chemical action and is a very common high enema. The compound infusion of senna (4-8 oz.), which contains magnesium sulphate and oil of fennel, when added to the high enema has pronounced chemical action on the bowel. Magnesium sulphate (½ to 1 oz.) to a high enema reinforces peristalsis.

Although the mechanical stimulation of high enemas may be reinforced by thermal and chemical stimulation, yet in constipation this practice is not free from danger, as by frequent repetition, which is often necessary in chronic constipation, of high stimulating enemas, irritation or inflammation of the bowel may result. High enemas are usually more satisfactory when given with slightly tepid water, as the slight distention does not irritate the bowel, the fluid remains longer in the bowel, and besides arousing peristalsis, also serves to soften the feces.

As has been said, high enemas should be given at a low pressure (3 ft.). In case of difficulty in passing the pelvirectal angle or a fecal mass the pressure should be increased, remembering, however, that too high a pressure may stimulate the "defecation reflex" or initiate peristalsis in the pelvic colon, and thus defeat the purpose of the enema by untimely expulsion. Likewise too high a pressure may weaken or paralyze the lower bowel by over distention. It is necessary, however, that sufficient pressure should be used to prevent the escape of the liquid from the rectum, which may be prevented in some cases by pressure against the anus.

The position in giving high enemas is of little consequence so the recumbent position is assumed, the liquid passing equally as well whether the patient be on his back or on either side.

The apparatus used is an ordinary irrigating reservoir, of rubber, glass or metal, holding at least 2,000 c. c. (2 qts.), connected by a soft rubber tube with a rectal tip 10 cm. (4 in.) long, which may

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be used in the rectum, or it may be connected to the ordinary soft rubber colon tube. It is quite probable, however, that when the full length of the colon tube 40-60 cm. (16-24 in.) is introduced it coils upon itself and never reaches beyond the pelvi-rectal flexure. Equally as good results are obtained, and in most instances better, with the rectal tip.

Low enemas are used where the principal effect desired is on the rectum and pelvic colon, i. e., where there is pelvic and rectal constipation. The amount of fluid necessary to distend the rectum and pelvic colon is 200-250 c. c. (6-8 oz.), where no more than this amount of fluid is used it scarcely passes beyond the pelvic colon.

While low enemas act from their mechanical distention of the lower bowel, yet their principal action is due to the addition of substances to the enema which stimulate the bowel chemically, and from their thermal stimulation due to lowering the temperature of the liquid (as low as 60 degrees Fahr.). However, in spastic conditions of the lower bowel and in sensitive and nervous individuals, warm enemas act better.

The following substances when added to the low enema, containing from 200-250 c. c. (6-8 oz.) of water, soap solution or normal salt solution, act as chemical stimulants to the rectum and pelvic colon:

1. Magnesium sulphate 30 gm. (1 oz.).
2. Glycerine 30 gm. (1. oz.), and magnesium sulphate 60 gm. (2 oz.).
3. Whiskey 15 c. c. (½ oz.).
4. Oil of turpentine 4 c. c. (1 dr.).
5. Purified oxgall 8 gm. (2 dr.)

Since the purpose of the low stimulating enema is to produce immediate evacuation of the lower bowel, it should be given at a high pressure (five or six feet) in order to obtain the mechanical stimulation of sudden distention along with the chemical and thermal stimulation. The most favorable posture is with the hips elevated or well upon the left side. It is best given with a gravity irrigation apparatus as in the high enema.

In case of impaction of the rectum with hard feces, the rectal enema is used. The amount of liquid used is small, 60-120 c.c. (2-4 oz.), and usually contains substances producing chemical irritation, such as glycerine, epsom salts, whiskey, bile salts, etc., or having solvent properties, softening the feces (see below). This amount is readily held by the rectum, so that it scarcely passes beyond the rectal flexure.

Pure glycerine is the best stimulating rectal enema. The amount used is 4-8 c.c. (1-2 dr.). Its irritant action depends on its hygroscopic power, attracting enough water into the bowel to induce a movement, and is of little value unless injected in a concentrated state. It sometimes causes tenesmus, in which case it may be added to an equal quantity of water. Or a more convenient way is the use of the glycerine suppository, 2-4 gm. (½-1 dr.) of pure glycerine. In cases of spasm of the sphincter ani belladonna or opium may be added to the glycerine suppository, as in the following formula:

Glycerine	1.00
Extracti belladonnae	0.10
Olei theobromatis	q. s.
M. fiat suppos.	No. 1

Enemas also act by softening the feces, which are subsequently removed either naturally or by stimulating enema. They may be given high, low or rectal, depending upon whether the proximal colon, rectum and pelvic colon, or the rectum alone are to be affected.

A principle to be remembered in the use of solvent enemas is that they must be given in such a way that they may be retained. This means that they must be given slowly at a low pressure, the liquid should be at body temperature or slightly above and should contain no chemical irritants, and in addition should have solvent properties.

Plain water or normal salt solution have been found to have the highest solvent powers, and to likewise have no irritating properties. From 120-1500 c.c. (4 oz.-3 pt.) may be used, depending upon whether the enema be rectal, low or high. Water, although a good solvent, is very readily absorbed, and if used needs

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to be repeated at hour intervals for two to four times in order to obtain the best results.

Kussmaul and Fliener advocate the use of oil which, although it does not have the solvent properties of water, is not readily absorbed and can be retained in the bowel for several hours. 120-500 c.c. (4-16 oz.), depending upon the portion of the bowel to be affected, is introduced into the bowel on retiring and allowed to remain, if possible, until morning, evacuation occurring later, either naturally or by the use of stimulating enemas. In case the bowel will not retain the oil 5 to 15 drops of laudanum should be added. Care should be taken that the oil is pure, otherwise bowel irritation may occur. The oil acts by lubricating the bowel, detaching hard scybila, softening the feces, preventing the absorption of water, and later partially breaking up into glycerine, fatty acids and coap, which act as chemical irritants.

The majority of cases of constipation are more or less cumulative, excess of feces being always present in the large intestine. If undue fecal stasis occurs, the feces by the absorption of watery constituents become dry and hard, and extra force is required to evacuate the bowel. Although under these conditions the bowel motor activity may be normal, yet, because of the fecal accumulation, the bowel is unable to adequately force the fecal contents along, and the use of measures, such as laxative foods, hygiene, exercise, massage, hydrotherapy and purgative drugs to stimulate bowel motor activity are often ineffective. It is therefore necessary that the bowel should be completely evacuated before other methods of treatment are adopted. This gives us, then, the first indication for the use of enemas.

Again, it has been demonstrated that undue persistent colonic stasis results in colitis, with accompanying migration of intestinal bacteria and inflammatory infiltration of the intestinal musculature and serosa, and the formation of inflammatory bands and adhesions, all of which weaken the bowel musculature and interfere with bowel lumen, bowel force and bowel motor activity. The result is a crippled bowel, incompetent to do the extra work required.

It is inconceivable that under these conditions one should attempt the use of measures to stimulate bowel activity before relieving the fecal accumulation which is the source of the trouble. Here then we have the second indication for the use of enemas, viz., to relieve the intestinal stasis and stop the vicious circle which is weakening the bowel musculature and interfering with bowel drainage.

Fecal accumulation in the proximal colon is due to various causes, such as inefficient stimulation of the bowel, inhibition of bowel movements, stasis, ptosis, diminished intra-abdominal pressure, inflammatory bands and adhesions, etc.—all of which interfere with efficient motor activity of the colon.

The first indication in the treatment is to relieve the fecal accumulation, after which corrective treatment should be given, whether this be additional enemas, hygiene, diet, drugs or other medical measures, or surgical procedure.

Mild cases of stasis in the proximal colon may be relieved by hygiene, diet or drugs. In more obstinate cases, however, especially if of long standing, it may be necessary to relieve the stasis by the use of high enemas, which, by the slight distention they produce, and possibly by their thermal stimulation and slight chemical action, cause peristaltic waves to travel down the colon, pushing forward the fecal masses. Likewise their solvent action, softening and breaking up the feces, makes evacuation easier.

It is a good practice to follow the first enema, although satisfactory results may have been obtained, by a second enema in order to wash away broken-down fecal masses and thus prevent absorption of toxins, which experience teaches often follows the use of high enemas. If, as frequently happens, the first enema is not satisfactory, it should be repeated at half-hour intervals until relief is obtained, or if after reasonable efforts results are not complete, the same process should be repeated on each

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subsequent day until the bowel is cleared. In very obstinate and confirmed cases, in which improvement is always slow, enemas are not only used to relieve but are curative and may have to be given regularly for weeks or months before the bowel regains its tone and contractile power. Even after regular treatment occasional enemas may be necessary. In exceptional cases it may be necessary to continue the enemas indefinitely. In such cases enemas only relieve and do not cure, but they may be the only means by which bowel evacuation may be obtained, and when given at a low pressure there is little danger of overstretching the lower bowel.

The pelvic colon is principally a storage organ, while the rectum is normally empty. Normally the feces remain in the pelvic colon as long as the time required for the food and its residue to pass to the pelvic colon from the stomach, viz., twelve hours. If the feces are unduly retained in the pelvic colon because of dyschezia or incomplete defecation they gradually accumulate and become dry and hard from the absorption of watery constituents and require extra force to evacuate them.

Again, in pelvic colon constipation feces often accumulate in the rectum, due to incomplete defecation. The presence of the fecal irritation in the rectum reduces the sensibility of the defecation reflex until it may finally no longer respond to the stimulus. It thus happens that the mucous membrane of the rectum becomes more or less anaesthetized and the fecal distention more or less paralyzes the musculature of the rectum and pelvic colon.

The most important part of the treatment is to keep the rectum and pelvic colon empty, so that they may in time regain their tone and contractile power. This can rarely be done by the use of drugs, which only hasten the fecal residue along the proximal colon without relieving the fecal stasis in the pelvic colon. In fact, drugs often produce bowel irritation, colicky pains and rectal tenesmus, and produce but little, if any, bowel evacuation. This fact alone should furnish a clue to the diagnosis, and drugs should be at once interdicted or, if used at all, only as aids to enemas.

It is in this form of constipation that enemas, both stimulating and solvent, have their greatest value. Indeed, the regular use of enemas offers the best medical means of relieving and curing this form of constipation.

In temporary or mild cases the occasional use of low or rectal enemas, complemented by regular habits of defecation, diet and the use of a few drugs, may relieve and cure. In obstinate and confirmed cases, however, the enema may have to be given regularly for an indefinite time before the pelvic colon and rectum return to a normal condition. Even after regular treatment occasional enemas may be necessary. In exceptional cases anesthesia of the rectum and paralysis, of the pelvic colon and rectum may be so complete that recovery is impossible, in which case enemas although they do not cure, offer the only means by which regular evacuation may be obtained.

The use of enemas should be discontinued as soon as power to empty the bowel completely without the use of artificial aid returns. This can be determined by attempting to move the bowel naturally each time before the use of the enema.

If it becomes necessary to give enemas regularly they should be given at that time in which the natural stimuli to defecation are most efficient and in which the mind is most free to initiate the voluntary act. The most convenient and natural time is in the early morning. Most convenient because of early morning privacy and freedom from the business of the day. Most natural because of the natural morning stimuli which evoke the defecation desire. I do not mean to intimate that the bowel may not naturally or habitually move at other times during the day. To some the act of rising and dressing serves as a stimulus to defecation. To this may be added the stimulus of the morning cold sponge or bath, the morning exercise, the glass of cold water, the cup of coffee, and the

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morning cigar. The most powerful stimulus, however, to defecation is the morning breakfast.

It quite frequently happens, however, that the enemas given in the morning disturbs more or less during the day. This may be due to the activity of the day and to incomplete results, or to some rectal or bowel irritation remaining from the enema which disturbs during the day but quiets down during the sleeping hours, whence the evening enema is often to be preferred. I find it a good plan to attempt to move the bowel at the regular time in the morning and if incomplete or unsuccessful to use the enema in the evening. This applies, of course, to ambulatory cases and most of these cases are ambulatory. For cases confined to bed and in some ambulatory cases it is better to use the enema at the regular defecation time in the morning, always attempting first to open the bowel naturally.

Finally, I wish to add that although enemas are both corrective and curative, yet in most instances they are complementary to other corrective and curative measures in the treatment of constipation. This, however, does not detract in the least from their value where indicated.

REPORT OF THREE FATAL CASES OF POISONING FROM MUSHROOMS.

By W. W. Vinnedge, M. D., Lafayette, Ind.

In the village of Altamont, about three miles southeast of Lafayette, Ind., there is a tile mill, which was owned and operated by the May brothers; besides this, the proprietors owned and maintained a dwelling house near the factory, and one of the men employed by them acted as cook and housekeeper therein; no females belonged to the factory force. Near the village is a native forest, of approximately twenty acres, known locally as "Morinsky's Woods." On the 5th of September last, five men, owners and employes of the tile mill, partook of supper, Saturday evening about 6 o'clock, the central dish being mushrooms together with beefsteak, the former having been obtained from the woods above mentioned on the day they were cooked and eaten.

The names and ages of the men at the table were: Jacob May, single, 38 years old; William Ogden, single, 38 years old; George Baudy, widower, 52 years old, and Michael May, single, 40 years old; the fifth man at the fatal supper, Isaac Brickler, did not eat of the mushrooms "because they did not look right" to him. Of those who ate of the prized dish, the three named first died in thirty-six, thirty-eight and sixty hours afterward, while the fourth survives and is slowly recovering his health and strength. The supper was appetizing, and the men were just from the mill and hard work at the end of the day and week, and, it is said, were hungry and ate heartily. All of the unfortunate men enjoyed reputations for sobriety and integrity.

In the details of this sad misadventure, the symptoms of poisoning followed the usual course and behavior of those outlined in the textbooks, namely, first, colic six to eight hours after the supper, ingestion of the mushrooms, which was soon followed by nausea, vomiting increasing in violence, depression, partial collapse, somnolence, and finally death.

According to authorities, children are more susceptible to the toxic effects of poisonous mushrooms than adults, while the difference in its effects in adults is accounted for on the ground of special individual conditions, sometimes of idiosyncrasies, quantities eaten, etc.

The public and the Journal readers will without doubt appreciate the words of J. C. Arthur, B. S., Botanist to Purdue Experiment Station, etc., a recognized authority and teacher within this subject. He says: "The most deadly mushroom known is the 'death cup,' so-called from the cup at the base from which the stem arises. A visit to

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the field which supplied the mushrooms for the fatal meal revealed an unusual number of individuals of this species (Amanita phalloides). These mushrooms grow singly or grouped on the ground, are pure white throughout, or less often varying to yellow or brown, four to seven inches tall, smooth on top, with a ring around the stem. The cup about the swollen base of the stem is either large and conspicuous or thin and easily overlooked. It is often left in the ground upon pulling out the mushroom. The flesh has no unpleasant taste.

"The poison of this mushroom acts slowly at first, but it is very deadly. No antidote has yet been discovered for it.

"A second deadly mushroom is the 'fly agaric,' so-called from its use as a fly poison (Amanita muscarius). It has a similar form, including a basal cup, but the upper surface is slightly sticky, is usually brilliantly yellow or reddish orange, and rough or ragged, with few or many warts or loose scales.

"The poison of the fly agaric is chemically distinct from that of the death cup. It acts more quickly, and is equally powerful, but atropin has been found to be a perfect antidote for it under favorable conditions.

"Both of these deadly mushrooms (some persons say toadstools) are cosmopolitan, but usually quite rare in Indiana. There are other poisonous, indigestible, or noxious species found in Indiana, but none at all comparable with these two.

"There is no general rule by which one may distinguish a poisonous mushroom from a harmless one. Such tests as taste, color of flesh when broken, action on silver, etc., etc., are worthless. The only safe guide is to know the individual kinds at sight, as one learns to distinguish a carrot from a beet, and only to eat those positively known to be good. Indiana is fortunate in having many kinds of edible mushrooms, some of unusual size and abundance, which should be better known and more largely utilized."

As a further discussion, Robert F. Hight, B. A., formerly instructor in botany and biology in the Lafayette high school, and a recognized authority within this subject, says in substance that there is a popular fallacy to the effect that there is a line of demarcation between toadstools and mushrooms. There is no distinguishing mark between them; they are all simply fungi which vary greatly in appearance and effects when taken into the human body; some of them are poisonous, some more so than others, while the majority of them are not poisonous and are therefore edible. Some of the poisonous ones contain muscarin, a violent poison, while others contain phallin, a less violent but deadly poison. The so-called death cup variety contains this principle. It acts on the corpuscles of the blood, frequently causing exhaustive diarrhea. There is no general rule of any value by which one can tell whether those white mushrooms are edible or poisonous. Some persons endeavor to decide which are harmless or which poisonous by observing the color when the stalk is bruised, but sometimes both edible and poisonous ones change color, and some poisonous ones as well as perfectly good ones will turn silver black. Mushrooms that are in the least decomposed should not be eaten, nor should those that are collected when in the button stage of their development, nor should old ones be eaten, nor those that have a swollen base at the bottom of the stalk. So far as I know, the only absolutely safe mushroom is the morel, the sponge variety, generally found in the spring of the year.

After talking with Messrs. Arthur and Hight on this subject, at different times, and with the former in the university experiment station, where fifteen specimens of as many varieties of mushrooms were exposed on the table between us, which were obtained from the "Morinsky Woods" two or three days before, I am convinced that the distinctions as to which is edible and which poisonous as food is a most uncertain question. Each of these specimens presented some peculiarities, some of which were striking and in some degree sufficiently so to be

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a guide, but I much doubt if the average collector is warranted in offering any of them for sale in the markets or as a gift to friends without inspection.

In this county, collecting and eating mushrooms obtained from the woods or by-ways amounts almost to a craze. It is so popular as a food and apparently so harmless, and under the circumstances so cheap, that few hunters stop to think of danger at all. It is the fact that so few of its varieties are dangerously poisonous in this State, that accounts for the infrequency of cases of poisoning, rather than the discriminating ability of those who hunt and use them as a food.

NOTES ON THE CLINICAL CONGRESS OF NORTH AMERICAN SURGEONS HELD IN LONDON FROM THE 27TH TO THE 31ST OF JULY.

By William F. Clevenger, M. D., Indianapolis, Ind.

Every busy physician or surgeon feels it more or less impossible to lay aside the cares incident to his professional life and to isolate himself for the time being from his daily duties. He who does so must necessarily sacrifice much, but he who does not mingle with men of broad experience will of necessity retrograde and can hope for nothing more than a mediocre position in the great field of medicine and surgery.

It would be difficult to find in a meeting of eminent men a more representative body than was present in London in July at the Clinical Congress of Surgeons of North America. I believe the majority of Americans present felt, as I myself did, a just pride in being an American and in having the privilege of association again with such men as Murphy, Crile, Chas. Mayo, Armstrong, our own J. R. Eastman and many other men of national renown.

The Americans present, about 1,000, attended clinics given by the English operators and in many instances read most excellent papers.

The clinics given by the English surgeons for the benefit of the visiting members were, on the whole, well conducted. No large body of operators can be equal in skill and perfection of technique and some of the work by members of the operating staff did not leave a wholesome impression, but generally the Englishman is methodical and, while he does not in many instances display the brilliancy of the German operator, one must respect his well-known stable qualities. Some of the best operators in the world are of Scotch or English-birth and while there is usually a lack of brilliant display, the post-operative results show work well done. A noticeable thing in the English surgeon is the regard shown for cosmetic results and one is impressed in some other parts of Europe with the utter disregard for the patient's personal appearance following surgery.

No effort is made in many of the large clinics on the Continent to avoid deformity. In this regard the English remind us of our own good men. Americans do good work. The trained American surgeon should feel proud of his work. He has qualities not found in the European.

The American who has had the necessary advantages in an educational way (and the men of the old school are fast passing) need not hesitate to assert his entire independence. America has in every city men who daily do most excellent work, and whom one would choose for his own body in preference to any operator to be found across the Atlantic. The chief reason is simply that the American is alert and the profession and laymen as well, in our country, demand work without a flaw.

We must all, however, go to the large centers for post-operative study and Vienna, Berlin, Paris and London certainly offer all that one can find in the way of clinical material in abundance and most excellent teachers as well.

Altogether, I am sure, each man who was fortunate enough to be present at the London meeting felt amply repaid for the sacrifice of time and money and

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the inconvenience of travel induced by the declaration of war throughout Europe.

Unquestionably the hardships resulting from the cancellation of steamship sailings and the interruption of railroad traffic is great, but will, it seems, adjust itself. My own experiences were not pleasant. The trip over was interrupted at Cape Race by fog and icebergs and our steamer was compelled to stand in one spot for three days. When finally the fog dispersed sufficiently to give a view of the ocean many icebergs were crowded around our ship.

Our pleasure trip to Scotland and the Trossachs was made in a rain storm and when we arrived in Glasgow war was on. A hurried trip to London disclosed the fact that all German and many British and French boats were held indefinitely. We finally secured the only passage available on the old ship Philadelphia, which is an American boat fully twenty-five years old, and the passage was in the steerage.

Fortunately, having traveled before, we realized the worth of gold to the palmar surface of the hand of the average employe on ocean liners and secured accommodation at once in the first-class part of the ship. First-class on this boat is none too good, as it is a second and third-class steamer. Many of the 1,500 passengers were not so fortunate and slept anywhere they could, on chairs, in the dining room, saloon, companionway, or wherever they could find space. Many did not have their clothes off during the entire journey. Many passengers had no baggage, as it had been lost in transportation, and many had no money. I believe no one on the ship will ever forget the journey, no matter how much he or she may wish to.

War between Great Britain and Germany was declared while we were in Southampton waiting to sail and all horses and automobiles were at once confiscated by the Government. No baggage could be taken to the ship except in wheelbarrows or on street cars. The hotels were quite full of refugees from Germany and France and at four o'clock in the morning of the 5th, the day we sailed, the soldiers ordered all the guests out of the largest hotel and took possession. Women and children were forced to get out on the streets and wait for morning.

The English are, on the whole, as courteous to Americans as the exigencies of the occasion will permit. I am told this applied to the Germans, French and others as well.

There is no question about the serious position in which many Americans find themselves. Many women, such as students and teachers, are there without much means, some without any, and again we must feel a just pride in our Government when we read in our daily papers of eight millions of dollars in gold being sent to relieve our destitute citizens.

PELLAGRA IN INDIANA.

By Dr. G. D. Marshall, of Kokomo, Ind.

Sporadic cases of pellagra were observed in the United States prior to 1906. During that year it extended with great rapidity throughout the South. It was reported from North Carolina, South Carolina, Georgia, Alabama and Texas. It appeared much more frequently in some localities than others; of the 65 cases reported in North Carolina, 25 occurred in New Hanover county, with a population of about 40,000.

Observations would suggest that the causative factor was first rather localized and spread from certain foci, involving large areas, as numerous cases were reported from no less than 22 states in 1910. There have been no other cases reported in Indiana that I know of than the cases in Kokomo.

In the July number of the Indianapolis Medical Journal, 1910, I reported a case from Kokomo. However, this patient had suffered from the eruption for several months in the spring and summer of 1909.

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It had been my good fortune to have had this patient under my care a short time during the spring of 1908, and I had often met her for a year or more previous to that time and had observed the yellowish pallor and staring, miserable expression of the face, giving the appearance of one seriously ill. This patient passed through all the typical symptoms for three consecutive years, twice attempting suicide, and dying of the disease in the fall of 1911.

The present case is the first one occurring in my practice since that time. Mrs. L. S., white, aged 41 years. Born in Tipton county, Indiana. Moved to Hoopeston, Ill., when 19 years of age; lived there three years; lived in Atlanta, Ind., two years, and lived in Tipton, Ind., until 1911, and has since lived in Kokomo. She has one child, 19 years of age. Mother is living and in fair health. Father died at 38 years of a disease contracted in the army during the Civil War. Two brothers living, in good health. Two brothers dead; one died of tapeworm, and one cause unknown. One sister living and in good health.

Patient has never been strong since parturition, at which time she suffered a laceration of cervix and perineum; has a rectocele that has caused considerable discomfort. Has had blotches on skin since puberty, and skin has always been easily irritated by exposure to sun or chemicals. She has had "liver trouble" and suffered from constipation for the past seven years. Menstruation has been regular, flowing about three days of normal amount.

June 10, 1914, red streaks appeared on the arms extending from the wrists to elbows, about two inches in width and symmetrical on either arm. June 19 the backs of hands became red, and brown areas on either side of neck became red, resembling sunburn, but retaining about the same area and outline. Temp. 98.6, pulse 80, hemoglobin (Talquist) 90%. Urine: Sp. G. .1012, acid .38, albumin ¼%, pus cells and bacteria. Treatment: Quinine gr. 10 after supper, liq. pot. arsenites dr. 1½, Cal. I. S. q. s. ounces 3, Sig. dram 1 before meals.

June 27 patient has three or four diarrheal stools a day of a dark green color and causing a burning sensation of rectum. July 1, condition not changed. Same treatment continued. July 10, skin lesion extends below the knuckles, central portion of lesion clearing up some; lips peel off and feel thin; mouth and throat irritated; cystitis rather severe; bladder feels heavy. Hemoglobin (Talquist) 100%. Spc. Tr. echfolta drams 2, aqua q ounces 4, Sig. dram 1 q 4 hrs. Sodium salicylate drams 3, Elix. buchu, juniper and Potassium acetate q ounces 3, Sig. dram 1 q 4 hours, were given in addition to the iron, arsenic and quinine. July 14, skin lesions clearing up; skin appearing almost normal in center of area. Urine: Sp. g. .1012, acidity .45, pus cells. Cystitis severe. Sodium bicarb. dram 1, t. i. d., was given.

July 17, skin lesions on arms show only a dark scaly band around former blush; backs of hands red and dry, peeling around border of eruption. Cystitis greatly improved. Tongue cleaner than it has been for years. Bowels move once a day. Stomatitis has disappeared; throat feels tender. Appetite improved; has had several good meals in past few days. July 21: Cystitis improved; some tenesmus after urinating only symptom. Urine: Sp. g. .1015, acidity .18. Sediment greatly reduced. July 25, cystitis gives no trouble; skin eruption has disappeared; general condition much improved. Patient has been kept on treatment of quinine gr. 10 after supper and hematic tablets after meals, with an alkaline digestive before meals, and has had no symptoms except a girdle sensation lasting a few days; general condition fair; able to do her housework without discomfort.

—Comments—

The hyperacidity of the urine seemed to be the cause of the cystitis, and was readily relieved by alkaline. Spc. Tr. echfolta gave prompt and grateful relief from the stomatitis, and seemed to be of aid in relieving the gastro intestinal symptoms, patient asserting it gave great comfort immediately after admin-

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istration. Mention has been made in the literature that many cases of pellagra were treated as malaria for some time before they were correctly diagnosed. This would seem quite natural, as the symptoms are very similar to chronic malarial cachexia previous to the eruption. Reflecting on the number of office patients that complain of paraesthesies, stomatitis, vertigo and train of symptoms simulating pellagra, but showing no eruption, it has occurred to me that we may have a comparatively large number of people suffering from the initial symptoms of the disease. Several cases complaining of these symptoms, and having patches in the mouth and on the tongue, showing exfoliation of the mucous membrane, I have asked to report to me if any skin eruption appeared. So far, none have suffered from the eruption. Perhaps not enough time has elapsed, as the two cases occurring here had been ill a number of years before the eruption appeared.

Some few years ago, in examining blood of patients for plasmodia, I observed spindly-shaped bodies that took the stains deeply. These bodies were about 7 microns in length and 3 microns in diameter, sometimes single, in pairs, or arranged in rows resembling a string of spindle-shaped beads. A few were observed having plagella. I mentioned them in correspondence with Dr. George A. Zellar, of the Peoria State Hospital, and he called the attention of Capt. J. F. Siler to my statements. Dr. Siler had observed similar bodies, and was inclined to think they were blood platelets. Dr. Hessler, of Logansport, was inclined to think they were yeast cells and of extraneous origin. I hope to be able to continue a study of the bodies in the future.

THE COMFORT OF A GOOD CIGAR.

(From the Indianapolis News.)

Learned doctors have said that even a little cigar smoke injures the throat and lungs, and equally learned doctors have said that cigars may be smoked by mature persons with impunity; but it is not recorded that any one has been so bold or so foolish as to maintain that a good cigar destroys a well fed man's equanimity. A bad one may, but one of the most satisfactory spectacles which life's parade affords is that of the critical smoker enjoying a cigar just to his taste. Each long, slow puff soothes his mind; his thoughts are mellow and his words come deliberately, as if carefully weighed. If alone the smoker is likely to see visions, and each vision seen at leisure exerts its force in times of stress, so that the immediate pleasure is not a mere transient indulgence. It is no longer fashionable to loosen the tongue with spirituous liquors, for it has been seen that a tongue so loosed is likely to wag and finally to wabble; and that levity so stimulated is likely to gush like a tempestuous geyser, intermittent and not especially useful. A good cigar, on the other hand, encourages a flow of words like a countryside spring—cool and sparkling, and welcome to tired wayfarers. Cigarettes have their devotees, especially among the more nervous; and the pipe has achieved immortality at the hands of Mark Twain and J. M. Barrie, to say nothing of the thousands to whom it is a constant source of inspiration. But the cigar holds its own as the great solace of masculine middle age. Now and then a woman will rise in rebellion, and protest against a habit which leaves the house slightly permeated with an odor which she finds distasteful, but it seldom happens that serious consequences result, for with many husbands a meal without a cigar is a meal only half enjoyed, and the wife soon realizes that whatever adds to his appreciation of her cooking endears her to him.

DOCTOR WINS $8,000 DAMAGES.

Shelbyville, Ind., Oct. 13.—The case in which Dr. Charles S. Gore of Indianapolis demanded $50,000 from the Pittsburg, Cincinnati & St. Louis Railway Company for personal injuries, has been compromised, Gore accepting $8,000. Dr. Gore, who is one of the physicians of the State School for the Deaf at Indianapolis, was struck by a train.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monito r and Indiana Medical Journal.)

EDITORIAL

SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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TREATMENT OF SCIATICA.

We have heard of many failures in the treatment of sciatica by the use of Salycilate of Sodium. Perhaps the technique was incorrect. In some instances I have found favor with it, but I must confess that I never obtained such pronounced results as I have in acute rheumatic fever. Dercum, in the April number of the Therapeutic Gazette, intimates that our failures are due to a fallacious diagnosis, and that we must bear in mind that pain in the sciatic region does not necessarily mean that the patient has sciatica. We should all appreciate that this is true if we give the subject a careful consideration. Each patient should be given a careful study, otherwise there will be a failure rather than a success. My experience confirmed this idea.

While these things are true, is there not another phase of the subject? Is it not possible that in a few instances the observer may be careless or perhaps fails to recognize the true pathologic condition? The cause of errors in diagnosis are many. I just now call to mind what McCrae said in the Journal of the Canadian Medical Association concerning the importance of observation in diagnosis. After asking the dual question, which is the worst error, to fail to observe certain conditions, or to observe them and interpret them incorrectly, he says:

"In the writer's opinion, the first is much the worse error. Observation is a matter of patience, training and thoroughness, in all of which a man may improve himself, but the use which he makes of his observations is partly a matter of his mental equipment. True, he can train his powers of thought and judgment to some extent, but we vary greatly in the quality of our cerebral cells, and the saying of the father of medicine, 'Experience is fallacious and judgment difficult,' is always true. To observe correctly and decide wrongly is sure to happen to the best of us, but to observe carelessly happens only when we permit it."

In speaking further of sciatica, Dercum says:

"At the outset the cases separate themselves into two groups: First, those in which the pain is due to neuralgia and neuritis in the sciatic nerve or its branches, secondly, those in which pain arises in the sciatic distribution as a result of lesions elsewhere, e. g., within the pelvis, in the sacrum, or spinal column. In other words, pain in the sciatic distribution may be purely symptomatic, and it is the not infrequent failure to recognize this fact which is so often responsible for cases regarded as in

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tractable, and hopeless of cure. The first step, therefore, in a given case is to eliminate all possible causes of a symptomatic pain, and to establish the fact of a true sciatica. The problem of treatment resolves itself into, first, the control of the pain, and secondly, the introduction of such measures as will bring about cure. The first indication is met by rest, and whatever detail be instituted, it must be emphasized that in sciatica rest is the most powerful therapeutic agent at our command, and that in given instances, the rest of the affected limb should be made as nearly absolute as possible. After adequate rest is secured, it is his plan, unless special factors present, to make use of the salicylates. The method of their employment and dosage he considers very important. First, they should be given in full doses, and secondly, they should not be given alone, but in association with bromid. He is in the habit of giving sodium salicylate 10 to 20 grains, together with sodium bromid, 20 to 30 grains, every four hours. If the precaution be taken to dilute the dose thoroughly, it is well borne by the stomach. It is of the utmost importance to make a massive impression with the salicylate, in the first 24 to 48 hours, and in the average case the pain markedly lessens, and even disappears, promptly under these circumstances. Very soon the doses of sodium salicylate and sodium bromid can be diminished one-half and rapidly discontinued altogether. If at the outset the pain is very severe, there is no objection to giving a quarter of a grain of scopolamin hypodermically to secure sleep at night, but as a rule this is unnecessary. For many years he has relied upon rest in bed, with the salicylate treatment, and this method has been attended by a remarkable degree of success. So satisfactory have been his results from rest and salicylates that quite a number of years have elapsed since he has submitted a case of sciatica to a surgical procedure. In applying rest as a matter of routine, motion should be practiced from time to time at the hip, knee and ankle, and as soon as practicable gentle massage should be instituted. Electricity, of course, may be used." S. E. EARP.

DISEASE PREVENTION DAY.

It is fair to presume that Governor Ralston was pleased at the universal response to his proclamation that there be a Disease Prevention Day, Oct. 2. It was the theme for public talks in church, college and school. Even at the festive board as well as the dinner table it was the topic of the time. Parades did much to emphasize its importance. It was good and wholesome instruction concerning preventive medicine for those who need it most.

MUSHROOM POISONING.

Three men in middle life died in early September in Lafayette from eating the deadly aminita. They died easily and without pain; the heart was paralyzed. These poison amanita are not common. Neither the writer, nor Dr. E. F. Hodges or Mr. Jacob Dunn have found them in Indianapolis.

A family known to the writer in Indianapolis ate miscellaneous kinds of mushrooms for breakfast, dinner and supper. Two hours after the supper mother, father and two sons were sick, vomiting and purging, with weakness and general distress for twenty-four hours and recovery. The writer examined the specimens, a pound or more, and found most of them were the common mushroom of the market (Agaricus campestris), with red gills turning black when two or three days old. In middle September they were growing in nearly every old pasture in Indiana and thousands of bushels must have gone to waste.

But among them in this case were the stems of Lepiota Morgani, the great fungus found in rings in pastures—the same ring may be extending for thirty years and never grow anywhere it was the year before. It is egg size in two days, baseball size the third day (when it is generally eaten) and on the fourth or

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fifth day opens out to the size of a tea-saucer or a dinnerplate—often twelve inches across. As you drive by in the road, you see them afar in the fields looking like a ring of forty to sixty wild ducks.

They are good to eat, clean, beautiful and free of insects and worms. Dr. W. B. Fletcher ate them; the late Dr. Wiest, of Richmond, made photos of them for the standard mushroom book of the late Professor McIlvaine. This book of 1,000 pages is printed by the Bobbs-Merrill Co., of Indianapolis, and has been reviewed by the present writer (first edition) and by Mr. Jacob P. Dunn in the second edition. Both reviews were in this journal. The book costs $4.00 and has plates and descriptions of 1,000 of our American mushrooms, of which 600 are more or less edible. People studying or eating fungi should buy and study this book.

Lepioto Morgani is not a deadly fungus, but one out of ten who eat it are deathly sick. Like seasick people, they want to die, but they can't.

The best common mushroom is the puffball—one the size of teacup or a bowl, white inside, cut into half biscuit pieces, rolled in egg and cracker crumb, well fried on both sides, is fit for a king. No puffball is poisonous. They grow to the size of a bushel basket and weigh as much as fifteen to twenty pounds.

The common people ought to know the spring morel, which looks netted like tripe on the outside and grows in early spring. Most know this. Also the mushroom of the market; twenty to thirty-five cents a pound. Third, the puffballs or smoke balls, as boys call the dry ones.

Purdue University Argicultural School sends a little pamphlet to any one who writes for it, describing three mushrooms which grow on city lawns. First, Coprinus micaceous, on very old poplar root or stump, coming up after every rain. Second, the "Blue nose," Coprinus atramentarius, as big as a butternut, and heavy—almost sinking in water. Third, the king mushroom, Coprinus comatus, four to eight inches high, two inches thick; are good both stem and gills. It is not very common, but grows up to frost time. All three are good and very common. So these six mushrooms are always safe and should be known to all physicians and the laity.

Finally, write to the Agricultural Department, Washington, D. C., and ask them to send their standard pamphlets (free) on "Mushrooms, both Edible and Poisonous." A. W. BRAYTON.

LOYALTY TO HOME INDUSTRIES IS PATRIOTISM DURING PEACE.

Miss Ida M. Tarbell, whom I met some years ago at my brother's home in Greencastle, was then ready to enter De Pauw, now with a lapse of time we believe her to be America's most noted woman journalist. In one of her contributions to Woman's Home Companion, for October, she urges in her appeal to American women a patriotic service of unique and inestimable value. It is to see that no man is idle and no wheel stops. In referring to the war in Europe she says that we owe it to the world that when this mad and barbaric enterprise is over there shall be one great country, among those who boast themselves as civilized, carrying on the pursuits of peace. Attention is called to the millions of dollars given to foreign merchants which should be kept at home and a loyalty to our own is urged. It seems that there is a demand for the foreign mark. We never fail to awaken at the sound of war and Miss Tarbell emphasizes a truth when she says that the day has come for the American Woman to wake up to her duty to the industries of this country. She calls this patriotic peace as opposed to patriotic war, and closes by saying that one of the most substantial contributions that the American woman can make to the fulfillment of this duty is to give steady, intelligent support to American industries.

How well this may be applied to other lines. None more appropriate than therapeutic agents and chemicals in general, notably laboratory supplies. Why not

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make them in this country? Now is the time to act. A copyright need not be a hindrance. It was overcome in the case of antifebrine. We have acetanilid. This is a fair example. So we may change the wording of a portion of Miss Tarbell's appeal by saying now is our time. Temporarily, at least, the maelstrom which has sucked all Europe has deprived us of some of our supplies. This is the time to learn what our own country's industries can do and rally with all our influence to their support, urging them to make the things we want, pledging them our allegiance. S. E. EARP.

LIQUID PARAFFIN AS A LAXATIVE.

As a laxative, liquid paraffin has become very popular. Some consider it astonishing that it is one of the agents of modern therapy that is based upon empiricism and is yet used extensively. For several years I have found that it answered a purpose which could be accomplished by no other agent. It seems to give nature an opportunity to perform a function without damage such as we sometimes get from certain laxatives or purgatives. There is no pain and no exhaustion following its use, nor is it necessary to increase the doses; on the contrary, we find that it is possible to lessen the dose and its freqnency and still get good results after its use. Oftentimes good results may be noted for a considerable period of time after it has been stopped. Furthermore, it is one of the remedies that will very materially assist in overcoming constipation. In the instance of one patient who had chronic constipation attended with severe pain at each evacuation, who had been using the enormous dose of twelve teaspoonfuls of a proprietary salt each day followed by an enema to move the bowels, I gave the liquid paraffin and on the second day she phoned me that eight ounces had been taken, but there was no movement. On her own volition she took a teaspoonful of sulphate of sodium and in two hours an enourmous amount of fecal matter passed with ease and afterwards only the paraffin in moderate doses was necessary. In this case as in many others I found that a rectal disturbance was entirely relieved. I thought of going into other details of the subject, but I find that Dr. J. B. McGee, of the Cleveland Medical Journal, has made a concise abstract from American Medicine, which will admirably answer the purpose.

A few years ago no one heard of liquid paraffin and now its consumption is enormous. No doubt in a short time we shall find contra-indications or bad results which will limit its use, but at present it seems to be a permanent and valuable weapon in the fight against intestinal intoxication, and its myriad fatal sequelae, containing no oxygen, is not saponified or emulsified, and produces no fatty acids to irritate as in the case of olive or cotton seed oil, once so popular. It contains no stimulants to the muscle and has no irritative or osmotic action to increase the fluid content of the feces. It acts purely as a lubricant, supplementing the normal mucus, and thus materially assists the peristaltic action of the muscles. All of it may be recovered from the feces. The dose varies from a teaspoonful to two tablespoonfuls from one to three times a day, preferably a half hour before meals. It is cumulative in action, and the full effect may not be experienced for several days or even two weeks if small doses are taken, and moreover the results may persist for a week or more after ceasing to take it. There is some evidence that by relieving the strain on the intestinal muscles it actually strengthens them; by removing the irritation of hardened feces it restores the normal mucus; by facilitating evacuations it re-establishes the lost habit of regular and periodic movements; by coating the fecal masses it restricts absorption of poisons; and it is not accompanied by pain, colic or straining. It is easy to take, being devoid of taste or odor, and of the consistency of glycerine. Many object to the oiliness, and various mixtures have been devised to conceal this characteristic, but a little effort will overcome the objection to the

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pure oil. It must be freed of all sulphur compounds, acids and fluorescent lighter hydrocarbons, all of which are more or less poisonous. It sometimes escapes from the rectum, but the sphincter soon becomes educated. It has been proved useful in simple stasis, visceroptisis, hemorrhoids, mucous colitis, pregnancy and the exasperating constipation of infancy and childhood. We must be on the lookout, however, for contra-indications, for it is a comparatively new remedy, and there has not been sufficient time for all its effects to become known.

I could furnish a report of cases almost without number but this would seem superfluous. S. E. EARP.

FUNCTION OF THE PERIOSTEUM.

(McWilliams—Surg. Gyn. and Obst., Vol. XVII, No. 2.)

The author first reviews the opinions of the following workers as to the fate of the bone graft and the part played by the periosteum:

1. Axhausen (representing the German school) thinks that the bone in a graft always dies and is absorbed. The periosteum of the graft, however, lives, and it is from this that the new bone is formed.

2. McEwen (English) contends that the new bone is formed from the osteoblasts in the graft and that its regeneration is independent of the periosteum which acts only as a limiting membrane to prevent the spread of the osteoblasts into the surrounding tissues.

3. Murphy, of Chicago, thinks that the graft is not osteogenetic but osteoconductive, thus forming a scaffold for the growth of the capillaries carrying osteogenetic cells from the living bone in contact with the graft. The periosteum does not take any part in the reproduction of bone.

The following experiments were made by McWilliams:

Case No. 1. Bone graft without periosteum placed in medullary cavity of a fracture tibia was absorbed. Later a graft with periosteum grew. This new graft later fractured and new callus was formed. This latter fact against Murphy's view the graft is not osteogenetic. Place in fibula from which graft was taken did not fill in.

Case No. 2. Periosteum stripped from piece of rib and transplanted into muscle grew. Space in rib did not fill in.

Exp. No. 3. Ribs without periosteum split and transplanted into muscle grew, due to sufficient blood supply. Space in ribs filled in.

Exp. No. 12. This experiment showed that to have new bone fill in a defect there must be either periosteum or a bridge of bone.

Forty-three per cent. of transplants with periosteum lived.

Forty-eight per cent. of transplants without periosteum lived.

McWilliams thinks it is difficult to say the exact part played by the periosteum in the reproduction of new bone and in grafts but considers the essential thing to be a sufficient blood supply.

The periosteum may either influence the nutrition of the graft or in case the bone cells in the graft die from insufficient blood supply the periosteum furnishes living cells to the graft by means of which the bone is regenerated.

Conclusions: 1. Remove periosteum and almost all of the bone, leaving but a bridge with nutrient artery, deficit will be filled in. 2. Remove all of the diameter of bone, leaving periosteum, deficit will be filled in. 3. Remove entire diameter of bone with periosteum, little of deficit filled in. 4. Graft, with or without periosteum depends upon sufficient blood supply for its life. 5. Small fragments without periosteum will live in 50 per cent. of cases. 6. If large piece of bone transplanted leave periosteum on it. 7. A graft on a graft neither having periosteum, will die. 8. Periosteum alone in soft parts will form bone. 9. Splitting of periosteum not necessary. 10. Transplants should have as much periosteum as is possible.

E. B. MUMFORD.

"We want the doctor, quick!"
"Who's sick at your house?"
"Everybody except me. I'd been bad, so they wouldn't give me any of the nice mushrooms papa picked in the woods."

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

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BOOTS AND SHOES—ANCIENT AND MODERN.

"The custom of wearing some form of foot covering is much older than history," says E. Muirhead Little in the Lancet for June 20, 1914, "and probably it dates from the dawn of civilization," yet, in spite of the great antiquity of this human practice, the shoes of the present are, from a surgical point of view, far from perfection. The functions of the foot are not only to support the weight of the body, but to act as a lever, to play the part of a buffer to protect the nervous system and large joints of the lower extremity from the effects of tremendous shocks, and among primitive peoples to act, to a limited extent, in a prehensile capacity. The foot of the average civilized adult has been so materially altered in its form by the fashions of the day in footwear as to have lost many of its original functions in more or less degree, and it must be considered quite apart from the physiologically normal member of the barefooted savage. Curiously, some of the leading anatomies of today picture as normal the deformed foot of modern man instead of the truly normal foot of the sandaled Oriental—a fact which speaks volumes concerning the neglect of the proper consideration given to the anatomy of one of our most important members.

Little has made a study of the forms of footwear preserved in the museums and covering a period of more than 3,000 years. So long ago as this, man seems to have had an understanding of the proper principles of the construction of a covering for the feet, and the ancient Egyptian sandals have the straight inner side and leave an abundance of room for the full play of the foot under the varying circumstances of locomotion. The transition from the sandal to the shoe has been traced from the early days of Egypt, in which there was merely a large sole which was attached to the foot by straps, one of which passed between the great toe and its neighbor, thus maintaining the large toe in the ideal position of adduction toward the centre line of the body. With time the sides were turned up and a cap was made forward of the toes, but still the toe strap was preserved, even up to the twelfth century A. D. Beginning about this time fashion invaded footwear, and Viollet-le-Duc has pictured the several changes which took place between the eleventh and fourteenth centuries, during which time the poulaine was developed and passed away. It was not, however, until the early part of the fourteenth century that the practice of curving the inner margin of the sole outward made its appearance.

With the passing of the poulaine there was a change to the extreme in the breadth of the forward part of the shoe, and shoes from the time of Henry VIII measured up to six inches in their greatest breadth. In the fifteenth or sixteenth century, heels made their appearance and the shoemakers began to forget that the two feet are not alike, and to make both shoes of the same shape. This practice was in vogue in the British army as late as the seventies of the last century, as shoes still in existence show.

As the shoe began to assume the form of a sheath for the foot, the desire arose to make it fit closely, and with this came the necessary evil of an unavoidable compression of the foot with the production of hallux valgus and a material sacrifice in functional capacity. It is not remarkable that we have so many deformities and painful affections of the feet to contend with at the present time, but rather that we do not have far more, a fact which shows the truly remarkable capacity of the foot to work under difficulties.

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In the course of his interesting study of man's footwear, Little takes the opportunity to state the proper functions of a shoe. Primarily, it should protect the foot from cold and wet and from external violence; secondarily, it should provide support for the foot under conditions to which the foot alone is unequal; and lastly, the ideal shoe should accomplish these ends without impeding any of the normal functions of the foot. Such an ideal may be approached by making the inner margin of the sole straight and the heel low; by making it fit the heel and the neck of the foot closely as far forward as the middle of the metatarsus, and by allowing ample room for the spread of the foot and the free movement of the toes. Such a model shoe is approximated in much of the present day footwear for men, but the shoes for women have few or none of the essential attributes to comfort or good function. The foot is not heir to the many ills it has to suffer, "for the infant's foot is as well formed, its joints as mobile and its muscles as active as that of the barefooted savage," and it should be given every reasonable advantage for the fulfillment of its important task.—New York Medical Journal, July 11, 1914.

THE GENERAL HOSPITAL AT CINCINNATI.

In October of this year will be opened the new General Hospital at Cincinnati, the only instance in this country of a municipal medical school and hospital conducted by and for a city. The hospital will be opened with 850 beds, but all administrative buildings have been built large enough to take care of 1,500 patients.

The buildings are located on a plot of twenty-seven acres. Adjoining this on the west and north are thirty-eight additional acres, also belonging to the hospital, to be used for day camps for children or adults needing sunshine and outdoor life under special medical supervision; also night camps for men with incipient or arrested tuberculosis.

Dr. J. McKeen Cattell of Columbia University, editor of Popular Science, said in describing the new Cincinnati institution:

"A medical school and hospital, co-operating in their common work and directly controlled and supported by the city, is an example we may expect to see followed elsewhere.

"The city shows its appreciation of the free service that the medical profession renders to the city's poor, by furnishing a meeting place, where not alone the staff, but every physician in the city can come and have the advantages that only a well-equipped teaching hospital can furnish. They need not confine their meetings to the administration hall alone; use can be made of the large amphitheatre where will be placed powerful projecting lanterns and every facility for demonstrations. Or they may meet in the amphitheatre of the spacious pathological building where the professors of pathology and bacteriology can give demonstrations of specimens saved specially for such meetings. Thus the hospital may be made the city's centre for medical education, not limited to the staff, the students and internes.

"Adjoining the administration building is the admitting department and outdoor clinic, where students can see every variety of emergency, medical, obstetric and surgical cases. The basement of the admitting department is well lighted by wide areaways. Every patient's clothing passes through the large sterilizer located here, and then goes to the tailor shop to be cleaned, mended and pressed before being stored away. On the main floor of the admitting department and the outdoor clinic in addition to the examination and treatment rooms, we have two wards—one for each sex—where patients who arrive after 9 p. m. are kept till the next morning, in order not to disturb the ward patients. The ambulance or any public conveyance will bring ordinary cases to the front of the building, but emergency cases are brought to the rear and taken directly into the special operating room."

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MODERN METHODS OF DIAGNOSIS OF DISEASE.

An old story is it now, to tell how Pasteur, Von Behring, Pfeiffer, Widal and Grunebaum discovered that the blood of those ill with typhoid, pneumonia, Asiatic cholera and other microbic maladies contains some anti-bacterial product which seizes the invading germs, makes them halt at their depredations and clumps them in little, sticky licorice balls. This is the test used to distinguish one fever from another.

Now, with the precision of a sharpshooter, he takes a few drops of blood from the fever-stricken one. He hazards no "guess," "opinion" or "pseudo-diagnosis," but with water he mixes those scarlet dewdrops with the bacilli of typhoid, plague, dysentery, animal cholera and various other distempers.

Within an hour the particular bacteria responsible for the trouble will have stuck to each other in such a way as to lose much of their power for evil. Thus, if they be the typhoid bacilli, you know the patient has typhoid fever and not tuberculosis, as might have been "guessed" by doctors who fail to avail themselves of the laboratory aids to diagnosis.

The year 1914 will be noteworthy in the annals of medical discovery. It has been for some time the aim of scientific research to find a means to diagnose the various noninfectious, nongerm-made maladies. This, however, has until now remained a stumbling block in the path of medical progress.

Very recently Prof. Abderholden, the eminent chemist of Halle, Germany—who, like Pasteur, Roentgen, Ehrlich and others who have opened up new roads of diagnosis and treatment, is not a physician—has gracefully surmounted this last fortress. He has evolved a novel and efficient method by which a diagnosis of liver, kidney, stomach, brain or any other tissue disorder can be obtained.

Just as the fluids and juices of any microbe-infected tissue almost at once manufactures an antidotal liquid to combat and imprison the invading poison, so, according to Prof. Abderholden's practical discovery, there is also made a tissue juice to neutralize the poisons poured into your internal reservoirs, whenever any structure of your anatomy is sick or injured.

These new anti-fluids flow through the catacombs and sewers of your blood and lymph streams. They appear almost at the beginning of cancer, liver, brain, typhoid and all similar ailments.

Prof. Abderholden not only disclosed these facts, but he has without reservation, and without a patent freely given to the world at large a practical way in which these chronic, noncontagious, mysterious maladies can be precisely determined.

"For twenty years, doctor," complains Mrs. Chronic Sufferer, "I have tried every medicine, every quack and every hospital for my trouble, yet nobody knows what it is."

"We shall soon know," says the young Aesculapius, fresh from the laboratory. Just allow me to have a few drops of blood from the crook in your elbow."

With a little needle he painlessly pricks open a vein, allows some blood to drop like sun-tinted dew into each of a dozen or so glass thimbles. Then into each of these he drops first a fragment of liver, then a slice of kidney, in turn a bit of thyroid, brain, muscle, nerve, bone, stomach, adrenal, pituitary, cartilage and tonsil, and soon all are gently deposited in an incubator to keep them at blood heat.

The next afternoon the mixtures are each examined, and lo! that which contains the bits of nerve tissue and the one with the particles of muscle are, perhaps, seen to be digested and liquefied.

Plainly these are the units of tissue which have been diseased so many years. For the first time in the history of the earth a correct diagnosis can be sworn to.

It is all due to the fact that any organ of the living body, when ailing, sends its broken parts through your blood stream. These "auto-poisons" irritate the healthy parts. The latter object to the irritant and get busy. They make a liquid army

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of defense. This defending principle now journeys forth in the blood, like Don Quixote, to conquer and digest all enemies of the common weal. They are digestive agents, or "enzymes," to devour the newly-made poisons.

Thus, to discover whether it is the kidney, the thyroid or the eye that is diseased, all that is now necessary is to take one of these organs from cold storage and put a fragment of each in with some blood of the sick individual. The part thus artifically digested corresponds with the structure diseased.

Treatment then can be begun upon a sound, logical basis, free from all guesswork. Such useless, antiquated "guess-names" as brain fever, biliousness, catarrh, rheumatism, neurasthenia, indigestion and other meaningless terms will cease to hide the truth and disappear from the language.—Dr. L. K. Hirshberg.

DIGITALIS IN CHRONIC DISEASES OF THE HEART.

With Special Reference to the Advisability of Its Continuous Administration.

By Louis Faugeres Bishop, A. M., M. D., New York, Clinical Professor, Heart and Circulatory Diseases, Fordham University; Physician, Lincoln Hospital.

However much the scientific knowledge of digitalis may be advanced, the adaptation of the remedy to the individual must always remain a matter of art. Digitalis is like the foil in fencing or the club in golf. In the hands of one man, victory is uniform, while in the hands of another, defeat is equally certain; and yet the latter may know more of the theory of the game than the former. Skill results from the constant solution of similar problems. The time will never come when the profession will not benefit by the recurrence of hackneyed subjects. For this reason, I make no apology for writing once more of digitalis, with a special view to its continuous use under certain conditions.

Fibrillation of the auricle, and very serious valvular disease, constitute the most frequent condition in persons who are benefited by the use of digitalis over periods of months and years without interruptions. In both conditions, when broken compensation has recurred on two or three occasions, and has been restored by digitalis after days of anxious waiting for the desired effect, a condition of well being, without these dangerous attacks, can often be maintained by suitably regulated doses taken continuously.

The matter of regulation in dose pertains to the art of medicine, and is not susceptible of absolute rule. When such a problem presents itself, it must first be decided whether this method shall be adopted as a policy. The amount of the drug required is more or less a matter of experiment. I have at the present patients who take a grain and a half of digitalis every day; others who take three-quarters of a grain on alternate days; and others a dose once a week. In each instance, these doses were started after the phenomena of complete saturation was attained. In chronic fibrillation of the auricle, a good rule is to keep the pulse in the neighborhood of ninety. In chronic valvular disease, it is well to keep the tonicity of the heart muscle at such a point that there will be a minimum amount of shortness of breath.

The third type of disease where the continuous use of digitalis often is indicated, is the later stages, or, as I often call them, the "digitalis stage," of arteriosclerosis, when the high blood pressure has a tendency to be succeeded by a lower pressure than falls beneath the line of compensation.

The use of so powerful an agent requires constant supervision, and a certain amount of option must be allowed to the one who is taking so potent a drug. Every heart patient should be seen at least once a month. With an intelligent person, that is enough for the efficient regulation of digitalis, even in serious conditions.

This method of using digitalis as a definite entity was introduced by Professor Groedel, in 1899. It seems to be a very simple system, but as a matter of

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fact, I know few men who have really appreciated Groedel's idea. Only recently, after what I believed to be thorough instruction in the matter, I found a physician attempting to continue digitalis in the doses that were ordered in the face of urgent symptoms. The resulting nausea was frightful, but when the dose was reduced to a grain and a half a day, the patient was restored to comfort.

The important point is to anticipate the need of digitalis. Careful observation often reveals defective kidney action several days before other signs appear. Thus, it may be needed once a week, or once in two weeks. If there comes a time when the digitalis will not act, it is not due to the fact that the heart has become habituated to the drug, but because the heart is no longer able to respond to the remedy. There is no such thing as a digitalis habit. On the other hand, there are many persons whose lives depend upon digitalis, for without it they would have enjoyed but a short lease of life. The continuous use of small doses does not lessen the efficiency of larger doses if required. Sometimes it is best to stop the digitalis entirely for a week, and then begin with larger doses.

Digitalis may finally produce a true strengthening of the heart, and its use can suddenly be withdrawn without any danger. Doctor Groedel summarizes the matter as follows: "1. In all cases of cardiac insufficiency, when large doses (the administration of which has to be restricted to a short period) of digitalis produce only transitory results, the continuous administration of small doses of digitalis is indicated and is beneficial in most cases. 2. The patients do not become so used to the remedy that they could not do without it. 3. The remedy does not prove ineffective in consequence of patients getting into the habit of taking it."

There are certain contraindications ently diminishes under digitalis, it is stance, if the secretion of urine appar- that should be borne in mind; for in- well to stop for a while, and allow this effect to subside. Later, even larger doses may lead to diuresis. Digitalis is not yet completely known, and I hope there may be a few discussions of this important matter of its use as a chronic treatment of chronic conditions.—New York Medical Journal.

THE ETIOLOGY OF ACUTE ARTICULAR AND MUSCULAR RHEUMATISM.

Poynton and Paine and others a number of years ago called our attention to a specific streptococcus which they believed to be the cause of that much diagnosed and much abused condition known as rheumatism. Many other investigators, however, failed entirely to isolate streptococci from the joints, while others only rarely succeeded in finding them there present. As a natural consequence of these negative findings this view of Poynton and Paine failed to receive general acceptance.

More recently Rosenow (Journal of Infectious Diseases, xiv, 1, 61) claims to have isolated three types of organisms from the joints in rheumatism, and to have demonstrated that each of these could be transformed or transmuted into any of the others with considerable ease by modifying the environmental conditions. From the cases in which there was no muscle involvement he isolated two types of organisms—one a very long chain producer, the other resembling a micrococcus. These two types, after inoculation into animals, generally produced arthritis, endocarditis, and pericarditis, but as a rule no visible myocarditis and never a myositis. The third type of organism was a diplococcus in short chains, isolated from cases of rheumatism with definite muscular involvement. This organism also produced arthritis, endocarditis, and pericarditis, and more particularly myocarditis and myositis. From a study of the cultures in man and of the results of animal experimentation, Rosenow inclines to the view that acute articular rheumatism is

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due to streptococci which have peculiar properties, and that muscular rheumatism (or "rheumatic myositis") is caused by streptococci which are quite intimately related to those found in joint rheumatism.

Although Rosenow favors the retention of the name Streptococcus rheumaticus for the present, since the streptococci which produce the symptoms and lesions of rheumatism have certain specific features sufficiently distinct to distinguish them from streptococci from other sources, yet it must be understood that the so-called S. rheumaticus does not always produce rheumatism. Rosenow found that when first isolated these organisms had an affinity for the joints, the endocardium, and the pericardium, and frequently also for the myocardium and the muscles, but that this affinity tended to disappear on cultivation, though it could be restored by animal passage. Moreover, it was observed that under certain conditions other strains of streptococci would assume the characteristics of the strains of streptococci isolated in cases of rheumatism. Rheumatic strains of streptococci might acquire the cultural characteristics of hemolytic streptococci, at the same time losing their affinity for the endocardium and pericardium but possessing an even more marked affinity for the joints. It was furthermore found that rheumatic strains may apparently be converted into pneumococci of a certain grade of virulence so as to produce, following intravenous injection, pulmonary hemorrhage and pneumonia, and even death from pneumococcemia. For these reasons Rosenow suggests the possibility that "previous to an attack of rheumatism various types of the streptococcus group, especially hemolytic streptococci, may acquire in the tissues of the infected individuals the features which give them the simultaneous affinity for joints, endocardium, pericardium, and myocardium."

This investigator also seems to have demonstrated that Streptococcus viridans, S. mucosus, S. haemolyticus, S. rheumaticus, and the pneumococcus can be transformed one into the other by the experimental modification of environmental conditions in vitro and by injection into and passage through animals. It is in the tonsils, the various sinuses, the appendix, and about the gums and the teeth that such transformation is most apt to take place. Thus, assuming the truth of Rosenow's claims, not only should the importance of focal infections as an atrium for bacteria be appreciated, but we must also recognize that these foci further serve as places where bacteria may take on new properties and virtually become transformed into micro-organisms of another kind, representing a more virulent strain. It is to be particularly noted that the strains from muscular rheumatism, more especially after one or two animal passages (and this applies also to other streptococci which have become equally virulent), show a decided affinity for the mucous membrane of the stomach, the pelvic mucous membrane, the medullary portion of the kidney, and the gall-bladder, the proof of this being given in the finding, in dogs and rabbits injected with these strains, of ulcer of the stomach, so-called "ascending" nephritis, and cholecystitis with beginning gallstone formation.—Editorial in New York Medical Record, August 29.

INCREASE IN SUICIDES.

In 1912 the suicide rate of the United States, based on the number of suicides to 100,000 population, was 18.8. In 1913 there were 15,000 suicides in this country, or about forty-one every day. Statistics gathered from one hundred leading cities for the decade preceding 1912 show about four thousand suicides in these cities annually, or about 11 a day. San Francisco leads with a rate of 50.2, and it goes pretty hard with California to have San Diego and Sacramento second and third respectively. Some attempts to explain this situation have been made, and it seems probable that the great number of hopelessly diseased persons who go there

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as a last resort has something to do with it. A comparison of the suicide records and weather records in San Francisco shows that nearly three-fourths of the suicides are committed on cloudy or rainy days. Indianapolis has a rate of 23.7 and stands fifteenth on the list. Among foreign countries Ireland is lowest with a rate of 3.4, and France highest, with 22.8.

It is evident, therefore, that suicide is a great deal more common than it should be. Insanity experts have advanced the opinion that all persons who commit suicide are temporarily demented, and are, therefore, not to be held responsible for their act. And this opinion is sustained by the observation of the ordinary individual whose troubles appeal to him more as a challenge to fight than as an excuse for running. Laws against attempted suicide seem merely to move the victim to more positive methods. But of late some cities have established bureaus where the would-be suicide may tell his troubles to a tactful and sympathetic listener, and where he may receive help and encouragement. This experiment will be watched with interest, for no one can doubt that any scheme for reducing the misery which suicide causes will meet a great need in every community.

BIOLOGY AND WAR.

Surgery, Which Alleviates Horrors, Prolongs the Struggle.

Commenting on the biological aspects of the war, the editor of The Medical Record deplores the fact that the skill of the surgeon which alleviates the horrors of war is in itself a means of prolonging the struggle. The writer's remarks are in part an analysis of the causes that bring about conflicts between nations. He says:

"The time is long past when there were many who believed with Shelley, that

"War is the statesman's game, the
priest's delight,
The lawyer's jest, the hired assassin's
trade.

"Whim or momentary passion can no longer be said to precipitate a nation into a fiendish combat with another. The causes of war are deeply rooted in the laws that direct or the difficulties that beset the evolution of the race. The thoughtful physician whose training in the diagnosis of human ills tempts him to essay the diagnosis of the ills that afflict the body politic may look upon the present insensate war, which has burst with sudden violence upon almost every country of Europe, with keen interest.

"According to Lombroso, war is the lineal descendant of crime. Whether or not this view be accepted, there can be no doubt that war is frequently based upon criminal aggression, and is always accompanied and followed by an increase in the crimes perpetrated by individuals. But in a larger sense the so-called political causes of war are based upon fundamental racial antagonisms and aspirations.

"Economic necessity, such as the 'law of diminishing returns' in agriculture and the overcrowding of population, may also plunge a nation into the mania of conquest. Apart from these primal causes there are transient but no less potent factors that act as compelling forces in driving an entire people into the throes of conflict. One may speak of national hysteria, of the hypnotic influence of leaders, of the insensate violence of mobs, of the madness resulting from suggestion and imitation, and also of an unreasoning, though perhaps none the less to be respected, national pride.

"The physician is interested in war not as a mere spectator, but as an active participant. War would be so fearful as to be almost impossible without the ministering arm of the medical profession. It is to be regretted that the very skill which tends to alleviate the horrors of battle is in itself a means of prolonging and rendering more effective its fiendish onslaughts. The ingenuity of the gunsmith, the wizardry of the chemist, the daring of the aviator, are all aided by the learning of the physician and the

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dexterity of the surgeon. Yet, aside from being an indispensable part of an army, the physician is usually inspired by motives of patriotism. He is thus urged on by a twofold impulse—that of service to his country and that of service to his fellow-man."

THE MEDICAL MANAGEMENT OF EXOPHTHALMIC GOITRE.

The surgeons are, some of them, so convinced that the only treatment of this state is surgical that it is refreshing to hear the views expressed that medical treatent is useful. Abrahams, in the Medical Record of June 20, 1914, thinks the most distressing sign of the disease is the rapidity of the heart action. He finds, in his experience, that the tincture of strophanthus given in 5- or 10-minim doses, three times a day, is most useful to steady the heart. This drug has been his standby in a practice covering a period of twenty-three years. For a long time strophanthus was discredited in Graves' disease for the reason that it produced diarrhea. At present the tincture of strophanthus is free from that drawback, and can therefore be given with the same safety, security, and confidence as any other tincture without running the risk of undesirable side-effects. If, however, strophanthus fails, the tincture of belladonna, in the same dose, is a good second best. Strange to observe, digitalis, the sheet-anchor in many a form of cardiac disease, acts badly on the heart in Basedow's disease, although there is noted a strong functional similarity between the heart in Basedow's disease and some types of rheumatic cardiac lesions.

The other distressing conditions in exophthalmic goitre are tremor and nervousness. These are very well controlled by ammonium bromide in doses of twenty grains three times a day; this need be given for a short time only, because when the strophanthus begins to act the nervousness subsides, as a good share of it results from the consciousness of a rapid and pounding heart.

The lukewarm shower-bath is another means to allay tremor and nervousness. The bath also works well as a hypnotic. Iron is rarely indicated, an opiate never. Once in a great while, when the patient is much disturbed at night with frequent urination, one-quarter grain of codeine taken at bedtime will mitigate that evil.

There is no direct means of reducing the size of the thyroid except by the method of treatment thus far and further indicated. Yet plaster of any kind, belladonna, zinc, or adhesive, seems to reduce the size of the gland; the reduction is apparently affected by pressure of the plaster. Abrahams has seen a fair degree of diminution of the thyroid body obtained by repeated application of flexible collodion. The patients instinctively know the value of external pressure as they learn to put ribbons tightly around their necks, although in the beginning the ribbons are employed to hide the deformity.

The eyes rarely need attention, although in one case the eyelids were partially sewed up to keep the eyeballs covered. That was the severest case, Abrahams asserts, he ever saw.

The diet should be of the simplest kind. Some of these afflicted individuals have ravenous appetites for a time. Abrahams indulges them until they are satisfied; after they are surfeited they become docile and are willing to take advice. Tea and coffee are the bane of exophthalmic goitre. These beverages should be forbidden.—Therapeutic Gazette for August.

SOLUTION FOR RECTAL AND INTRAVENOUS INJECTION.

In practically all clinics the world over it is the custom to give after any formidable operation rectal injections, usually of normal salt solution. When there has been hemorrhage or pronounced shock, and the need of promptly increasing blood-pressure is more urgent, the solution is given intravenously. The effect is most beneficial. Thirst is

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quenched, and the kidneys are stimulated to activity, both directly by the absorption of the fluid and indirectly by a reflex incident to the injection itself. Toxins are eliminated, and the postoperative course of patients thus treated is as a rule much smoother and more comfortable than is the case in which such rectal and intravenous injections are not given. Moreover, the postoperative and post-traumatic mortality has been distinctly lowered.

There are, however, certain dangers connected with the method which are not generally recognized. It is possible by a too continuous and forceful enteroclysis to produce a pronounced edema of the gut; by a too rapid intravenous injection to throw a burden upon the right heart with secondary lung edema which may in itself prove fatal. The large salt content of a copious enteroclysis or venoclysis, 9 pints in twenty-four hours if the physiological solution be used (.75 per cent.), is distinctly irritating to the kidneys. Moreover, Schiassi (La Semaine Medicale, tome xxx, No. 50, 1913) observed as a consequence of this saline treatment a progressive and at times an irremediable adynamia. He quotes Lob and Osterhout to the effect that normal salt solution occasions an improvement of calcium and potassium in the cellular elements, particularly of the nerve tissues, Novy having shown that in the case of calcium a 50-per-cent. reduction may be noted. Since calcium exercises a tonic action on the nervous system it is obvious that a diminution of this element accomplished by means of normal salt injections may produce a profound depressor influence. It is because of these considerations that Schiassi has made certain combinations which theoretically and clinically in his hands have shown their great usefulness. In the first place he lessens the quantity of sodium chloride to 650 in place of 750 to the 1000, and adds a definite quantity of potassium and of calcium. This is not only tonic, but increases the coagulability of the blood. Moreover, since surgical operations are peculiarly prone to develop the initial phenomena of an acidosis, he adds bicarbonate of soda and finally glucose because of its diuretic, tonic, and cardiotonic properties, which are peculiarly inherent in this substance. His formula for intravenous injection is as follows:

Chemically pure chloride of sodium, 6.50.

Chloride of potassium, 0.30;

Chloride of calcium, fused, 1.00;

Bicarbonate of soda, 0.50;

Glucose, 1.50;

Distilled water, 1000.00.

If the solution is for the purpose of rectal instillation, the quantity of glucose is increased from 1½ to 50 grammes and pure ethyl alcohol is added in the proportion of 15 grammes. Schiassi distinctly prefers the rectal method of injection because substances being absorbed by the portal circulation undergo a proper transformation in the liver. Moreover, a greater quantity of liquid can not be introduced by this route than is actually called for by the needs of the general circulation. As to the ethyl-alcohol, Schiassi has apparently shown that it favors the penetration of the liquid through the intestinal coats and augments its diffusibility.

In some few clinics especial attention is devoted after operation to examination of the urine with the view of detecting an acidosis, diacetic acid, acetone, and oxybutyric acid being often found before the clinical manifestations of this condition become apparent. Since this condition urgently calls for the prompt administration of an alkali the usual routine is to administer by enteroclysis a 2-per-cent. sodium carbonate solution. In addition to its diuretic and cardiovascular effects glucose serves well in providing energy to patients profoundly emaciated and weakened by a long standing previous disease. Its rectal administration during the postoperative period when the stomach is non-retentive may under such circumstances prove lifesaving. Nor is there any difficulty about its prompt absorption and rapid utilization.—Editorial Therapeutic Gazette.

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THE PATHOGENESIS OF SURGICAL SHOCK.

Although numerous investigations, both experimental and clinical, have been conducted in recent years on the pathogenesis of surgical shock, unanimity in the conclusions reached has been conspicuously lacking. Even the stress laid by Crile on excessive peripheral nerve stimulation as a factor in shock, though seemingly fully justified by his experiments on dogs and the results obtained in clinical surgery through preventive anoci association, has not wholly escaped opposition from workers who have upheld such theories as that of acapnia (Henderson) inhibition of the cardio-inhibitory center (Howell), contraction of the peripheral arteries (Malcolm), and depression of the sensory synapses (Leonard Hill), to account, in part or wholly, for the phenomena witnessed. Manifestly of considerable influence in leading to divergent conclusions and confusing the issue, have been the different meanings accorded the term "shock," some accepting lowered blood pressure as its sole and necessary manifestation, others adding to this a rapid pulse and irregular breathing as essential requirements, in spite of the fact that all these conditions can be produced by anesthesia alone. Indeed, Benon contributes to the symptomatology of shock, a mental component, temporary amnesia or mental confusion, forming part, along with motor weakness, of his conception of the morbid process, when due to traumatism.

F. C. Mann, in a careful analysis of the subject (Johns Hopkins Hospital Bulletin, July, 1914), states that in his own experiments, no animal was regarded as being in a condition of shock until the following signs were present: 1. Loss of sensibility, as shown by the needlessness of an anesthetic, even though the eye reflex was present. 2. Pallor of the mucous membranes. 3. Small, weak pulse. 4. Irregular, rapid, shallow, or gasping respiration. 5. Markedly lowered blood pressure. Mann's conclusions, based on the results of former experiments and his own, are of considerable interest and significance. He found it impossible to reduce an anesthetized animal to a state of shock by any degree of sensory stimulation, provided all hemorrhage was prevented and the abdomen was not opened. Stretching of both sciatic nerves, anterior crural, and brachial plexus, for four hours, failed to induce the signs of shock; the blood pressure fluctuated but slightly, rarely more than ten mm. Hg. Various types of experiments are cited to show that the vasomotor center is not depressed, nor fatigued in shock; it is, in fact, the most resistant of all vital centers. Neither is shock due to primary cardiac failure or to involvement of the cardioninhibitory or cardioaccelerator mechanism. Respiratory disturbance does not cause shock, though the respiratory center is more quickly injured thereby than any other center. The peripheral arteries, as well as untraumatized visceral arteries, e. g., of the kidneys, are constricted, not dilated, in shock. The essential point is that while exposure and traumatization of the abdominal viscera constitutes the easiest and most certain method of producing shock, the resulting condition, as shown by Mann's crucial experiments, is due, not alone to vasomotor paralysis in the splanchnic area, but to the great loss of cells and fluid from the blood through stasis, diapedesis, and exudation, occurring as a reaction of the great peritoneal surface—an area as great as that of the entire skin—to exposure to the air, changes of temperature, and to trauma. In the course of operations in which the abdomen has not been opened, the loss of fluid and cells from the blood is relatively unimportant, unless large areas of subcutaneous tissue have been exposed, or hemorrhage has occurred; hence the comparative absence of shock. Degenerative changes in the cells of the central nervous system are the result, not the cause of shock; and since general anesthesia of moderate depth prevents painful impulses from affecting the center, nerve blocking is useless so far as the prevention of shock is concerned.

According to Mann's observations, the

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chief feature of surgical shock is thus a great diminution in the amount of circulatory fluid, owing to stagnation in, or exudation from, the venules and capillaries. This conception harmonizes with the commonly noted fact that hemorrhage produces a condition almost identical with shock, and markedly favors its occurrence. Prophylactic measures suggest themselves in the avoidance, as far as possible, of irritation of the intra-abdominal tissues and of hemorrhage, while in the active treatment of shock, special stress should be laid on the replacement of blood losses, both as regards bulk of fluid and cellular content.

(This editorial from the New York Medical Journal for August 29 refers to the work done by Dr. Mann in the experimental laboratory of Indiana University School of Medicine. Reference was made to it at the last medical seminar in May.—S. E. Earp.)

SOME USES OF FAT IN SURGERY.

Binnie (Surgery, Gynecology and Obstetrics, March, 1914) advocates the use of a fragment of omentum as a means of tamponing wound of the liver. Moreover, free omental flaps are useful after a difficult cholecystectomy, seeming to have a distinct hemostatic effect. After myomectomy the sutured uterine wound may be covered with a plaster consisting of a free flap of omentum held in place by a few stitches. This graft aids in preventing any oozing of blood. The omental grafts placed over intestinal wounds to prevent leakage of intestinal contents are methods of peritonealization and depend for their value entirely on their fibrous tissue constituents and peritoneal covering.

Rehn found that forty-five days after a cranial defect had been filled with fat a clear and distinct basal connective tissue sheet spanning the dural defect had developed in the transplant. Binnie reports a similar case.

Many otherwise beautiful faces are deformed by depressed scars adherent to underlying bone. If through a suitable incision the adhesions are thoroughly divided, and if then (after hemostasis is attained by pressure) a suitable mass of fat is gently insinuated through the cut to fill up the depressed area, an ideal result may be obtained. Autoplasty or homoplasty is advisable since heteroplasty commonly fails. After excising the breast cosmetic results may be obtained by transplantation of fat. Thus Czerny, who had occasion to remove one breast and a lipoma from the back of the same patient, instead of discarding the lipoma, planted it in the bed left by the mamectomy and obtained a good result. Judd implanted a mass of omentum at the site of the mamectomy with gratifying cosmetic results. Klapp has implanted pieces of the patient's fat obtained from the thigh. From one of these patients a morsel of the implant was obtained after the lapse of four months.

The cavity left in the bone may be obliterated by the implantation of non-pedunculated masses of fat.

Krabbel, from a study of ten cases in Garre's clinic, comes to the following conclusions:

In chronic osteomyelitis without fistula, implantation of fat has made good. If fistulae are present, implantation is contraindicated.

Sharply delimited, easily accessible tuberculous foci are suitable for fat implantation, even when they are situated near the articular ends of the bone. Diffuse tuberculous lesions of bone and widespread disease of the soft parts may only be plugged (with fat) after the most careful and accurate removal of all the disease. If healing per primam does not ensue promptly, or if a fistula forms, the implanted fat must be removed at once, because of the grave danger of tuberculosis developing in the implant.

Chaput reports the case of a woman from whom he had removed an osteomyelitic focus eight years previously, and in whom he had plugged the bone cavity with a free flap of fat. After eight years of good health a new focus of disease developed near the site of the old lesion, and the necessary operation permitted

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demonstration of the satisfactory healing in the bone of the transplant of fat made eight years previously.

Experiments show that it is almost always possible to close aseptic bone cavities with free flaps of fat, even when these cavities communicate with joints. The fat is sometimes changed into connective tissue; sometimes it persists, but the plug is always surrounded by a newly-formed layer of compact bone derived from the walls of the cavity.

In any operation where an infective focus is excised from a bone and the resulting cavity is to be plugged with any suitable material, it is important to operate in a well-ordered, rather formal, systematized manner. Operation may be carried out somewhat as follows: (1) Remove all evidently diseased or infected tissues and sterilize the wound with pure carbolic acid, neutralized afterward with alcohol (Harrington's solution or pure formalin solution may be used). Pack the wound with gauze. (2) Let the surgeon and assitant put on clean gloves. Prepare the region of the wound as if for a new operation. Using freshly sterilized instruments, remove the pack from the wound and with chisel or burr cut away a layer of bone from the walls of the osseous cavity. Once more chemically sterilize the cavity and wash away the chemical with salt solution. Pack the cavity. Once more change gloves and instruments. (3) Obtain a mass of fat of suitable size, preferably from the patient himself. Do not touch the fat transplant with the fingers, but lift it in forceps with the least possible trauma. Remove the pack from the bone cavity. Completely fill the bone cavity with the fat transplant. Close the wound without drainage.

The formation of artificial joints is greatly favored by the interposing of soft living tissue between them. Free fatty fascial flaps seem to answer best.

After tenorrhaphy or neurorrhaphy it is very important to prevent the line of union from becoming closely adherent to neighboring structures. There is no better prophylactic measure than wrapping a free or pedunculated flap of fat around the part to be protected.

In bronchiectasis Tuffier has successfully grafted voluminous masses of fat between the mobilized parietal pleura and the ribs.—Therapeutic Gazette, for August.

THE OPERATIVE TREATMENT OF HEMORRHOIDS.

Anderson considers the ligature, clamp and cautery, and the Whitehead methods.

With regard to the choice of method the author believes that this should not be decided on until the sphincters are stretched and the hemorrhoidal condition reviewed. The ligature method is most generally applicable, and is very easily and quickly performed. It is especially suited for cases of three, four, or five piles, especially the mixed variety, when the external and internal piles can be removed at the one time. Very little blood is lost during the operation, and the after-pain can be controlled by morphine, whilst tag formation usually subsides later; or, if they are large, they can be removed under local anesthesia later. This method is the one to employ if any complication, such as fissure or fistula, be present. A patient can usually return to work six or eight weeks after operation.

The clamp and cautery operation is certainly the least painful; there is never any fear of stenosis afterwards, and if properly performed there should be no danger of recurrent hemorrhage. It is not suitable when external piles are present as well, or when a fissure or fistula complicates the case. It is especially suitable for cases of not more than three piles of the internal variety, and when there is no redundant anal skin or tags present. It is a bloodless method, and suitable for very anemic cases, and as it is the least painful method, time is an important question, this method should be used, as the period of convalescence is considerably shortened. If the surgeon should be unable to see his patient again, he need have

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no fear of subsequent stenosis after the clamp and cautery method.

The Whitehead method should be reserved for the following cases:

(a) Where there is a general hemorrhoidal condition involving the whole circumference of the ano-rectum, and especially if there is extensive thrombosis or a considerable extent of prolapse.

(b) In cases where, though the piles may not be large, there is a pathological condition present which may be described as a prefissure or prefistula state. In this condition the anal valves are enlarged, and little blind submucous pockets may be found running upwards or downwards from the line of anal valves. These may have their mouths occluded and act like little incubating chambers, and are undoubtedly in many cases the starting point of fistula; whilst, if Ball's theory be accepted, enlarged anal valves lend themselves to the formation of fissure.

Whitehead's method removes this danger zone as well as the hemorrhoids.

This method should not be employed in all cases of hemorrhoids, but is well suited for the conditions mentioned above. If the after-treatment is properly carried out, stenosis should not occur. —The British Medical Journal.

TUBERCULOUS RHEUMATISM.

Tuberculous rheumatism was first described by Poncet, of Lyons, and other French physicians. It is most rare, however, to meet with a multiple arthritis of the smaller joints in the hands, fingers, wrists, and ankles in the course of tuberculosis. The subject of the author's paper was a young lady aged nineteen, of healthy parents. At the age of thirteen she developed tuberculous glands in the left side of the neck, these gradually spreading down to the clavicle, into the submaxillary regions, and to the right side. Her general health became seriously affected. Nothing seemed to check the infection. Five years after the onset the glands in the original focus showed signs of breaking down. It was found impossible to remove any glands, so firmly were they fixed to everything in the neck. A month after the operation the patient developed a painless, rapid effusion into the right wrist-joint, followed in a week by a similar condition in the left wrist, and followed again by swelling of all the metacarpophalangeal joints of both hands. There was very little pain, but the temperature was high, 102 degrees F. at night and 99 degrees in the morning for ten days. Salicylate of sodium had no effect. The right wrist was aspirated and half an ounce of fluid removed. No tubercle bacilli could be demonstrated in it, but upon injection of the fluid into a guinea pig the latter developed tuberculosis in four weeks and showed a progressive tuberculosis extending to all the organs. Cultures from the spleen on Dorset's egg medium yielded a growth corresponding to bovine tuberculosis. A rabbit also developed a tuberculosis, although not of so progressive and severe type as the guinea pig.

It was clear that one was dealing with a primary infection of the neck glands with the bovine bacillus, probably conveyed through milk and absorbed from the tonsils and pharynx. The secondary arthritic infection was evidently through the blood stream. The von Pirquet reaction was most violent. There was no affection of the lungs or pleurae.

Six weeks after the onset of joint symptoms the skin of the legs and feet became red, swollen, and brawny, and numerous bullae appeared, which soon ruptured, discharging greenish pus. Some of these appeared on the arms; after healing, a dark brown stain was left on the skin.

On the subsidence of the acute symptoms the author commenced a course of tuberculin T. R. (human) in very small doses, beginning with 0.0001 mg. The injections were given weekly in increasing strength to a maximum dose of 0.01 mg. The glands subsided to half their previous size, and the joints became smaller and more movable and painless.

Both this and two other similar cases of the author's were secondary to a pri-

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mary tuberculous focus in the neck glands, which is, in his opinion, almost always caused by the bovine bacillus. He can find no record of tuberculous rheumatism occurring in the course of pulmonary tuberculosis, which is most frequently the result of infection by the human bacillus. It would seem, therefore, that the bovine bacillus is much more likely to find its way into joints, and also into the blood stream, than the human bacillus, which is generally limited in its action to the lungs, larynx, and intestines. —Nathan Raw in Lancet, January 3, 1914.

(It would seem that this describes an infective process we sometimes observe in patients who have tuberculosis. Why call it rheumatism?—S. E. E.)

THE MANNER OF MERCURY'S ACTION.

Easton (Edinburgh Med. Jour.) discusses interestingly the manner in which mercury probably acts when applied in the treatment of syphilis.

According to Blumenthal the liver appears to play an important part in the action of mercury. He believes that this is secondary to the mobilization in the liver of protective substances which form with the mercury the specific mercurial combination.

In these views he is supported by Schrauth and Scholler. In further support of his views Blumenthal adduces the fact that all mercurial combinations hitherto found active in the treatment of syphilis are fixed in the liver, while those which are not so fixed have no such therapeutic value. Accordingly, the efficient treatment of syphilis by mercury must depend on the efficiency of the liver reaction. The observations that have been made on silver suggest that its method of action is somewhat similar, viz., by the formation in the body of a specific silver compound. Rosenstein, Wolff-Eisner, and others have also proved that silver stimulates protection processes, as shown by hyperleucocytosis.

When the bacterial action is an indirect one, as in the case of mercury and silver, it is not surprising that animal experiments frequently gave results which do not harmonize with clinical experience. And this is equally true whether the indirect action is due to the formation of a specific combination of the metal or to the production of protective substances. Such processes will vary in different species of animals in rapidity and in degree, and these variations in response determine the effectiveness or ineffectiveness of the chemical substance employed. — Charlotta Medical Journal.

THE EARLY DIAGNOSIS OF INSANITY.

In the Journal of the Oklahoma State Medical Association for October Thurlow concludes an article on the early diagnosis of insanity as follows:

1. The present status of a patient's mind is of itself not always an index of either the nature or severity of his phychosis.

2. Family history and personal history must be taken into consideration early in every case. Previous environment is also of great importance.

3. Age is a misleading etiological factor in many cases. Many psychoses usually designated as belonging to middle life occur in youth also.

4. The etiological factors, as syphilis and alcohol, however prominent, do not always produce a psychosis typical of such influences; in other words, history and clinical findings are often at variance.

5. An evident change of habits, as from neatness in dress to slovenliness, or from personal cleanliness to filthy habits, or from industriousness to passivity and indifference, is an early and suggestive sign.

6. Direct question alone is not sufficient. Weeks of unobtrusive observation are often required, and this is best done at institutions. When in doubt, the physician does well to send his patients away for this purpose.

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MEDICAL MISCELLANY

THE ANNUAL MEETING OF THE INDIANA STATE MEDICAL ASSOCIATION HELD AT LAFAYETTE—ADDRESS OF DR. VICTOR C. VAUGHAN.

The sixty-fifth annual session of the Indiana State Medical Association convened at Lafayette September 23-25. It was a successful meeting. Secretary C. N. Combs reported a membership of 2,530. The attendance was estimated at 600. Perhaps some did not register. The treasurer's report showed receipts to the amount of $8,000, with an expenditure of $3,800.

The social features consisted of a reception and ball at the Lincoln Club, an entertainment at the Country Club for the visiting women by Dr. Adah McMahan, and, at another hour, but at the same place, the wives and daughters of the visiting doctors were entertained by the wives and daughters of the local physicians. There was also a smoker at the Lincoln Club the first evening.

General Session—Address of Dr. Vaughan

The first general session of the convention opened at the Second Presbyterian Church, with an attendance of about five hundred. President John P. Salb, of Jasper, presided. The Rev. E. W. Dunlavy opened the meeting with prayer, and in the absence of Mayor Bauer, City Attorney Daniel P. Flanagan welcomed the visitors in behalf of the city. Dr. R. M. Campbell, president of the county medical society, spoke in behalf of the local doctors, and the response was by President Salb. He also made his annual address, in which a number of suggestions were offered, one being a proposal that a monument be erected by subscription to the memory of Dr. John S. Bobbs, a pioneer surgeon of Indianapolis, who established the dispensary that now forms a part of the clinical department of the Indiana University School of Medicine.

The address of Dr. Victor C. Vaughan, president of the American Medical Association, was a pleasing effort. It opened in the form of a narrative, in which a doctor was the star actor. There came to him patients representing almost every variety of hereditary disease. The horrors which followed were vividly portrayed by Dr. Vaughan. Then a description of the doctor's dream showed the benign results of preventive medicine, with eugenics as a prime factor.

This opened the way for the speaker to say some things which are of the greatest importance.

He referred to the many contagious diseases and plagues that physicians, years ago, were compelled to fight. He said that the bubonic plague in former years cut down the population one-fourth yearly. This he said was gradually overcome by the enlightenment of physicians and the assistance of the people, who have rendered untold service in eliminating the cause. He said that in London the great fire that visited the world's metropolis, wiped out the rats and consequently the germs. He said that the old plague was attempting to crop out in New Orleans, but that medical science had advanced to such a stage that the dread plague was being held in check. He said that not only must the physician be educated to a point of efficiency, equal to the occasion, but that the people must assume some of the responsibility and do everything in their power to eliminate the cause of the dread plague, principally filth.

It is not a doctor's battle—it is a common battle—and but for the stupidity of our people there would be a greater prevention of disease. A splendid tribute was paid to Edward Jenner, and it was shown that the medical profession and the world owe him a debt of gratitude.

Dr. Vaughan said that great advancement had been made in the United States in the past thirty years. Life has been increased by the advanced study of medicine and people are adopting more sanitary methods. In the advanced study of medicine, deaths from scarlet fever, which years ago wiped out scores of people, have been reduced to a minimum. He said that thirty-five or forty years

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ago the average life of a person was thirty years. Today, he said, the average life is fifty years. If the public in general would put into effect the sanitary methods advocated by physicians, the average life could be increased to sixty years.

Dr. Vaughan in his argument in favor of preventive medicine picked up the gavel, and, before striking the table to emphasize his next assertion, said the man of fifty years today is better than his father was at thirty years. We boast of civilization, but historians in the future would record us as barbarians. He declared that there are 10,000 murders in the United States every year; that there was a murder committed every hour of the day and night, and that only two out of every hundred murderers were punished. He said that disease caused poverty and made criminals. There are people living in Lafayette, declared Dr. Vaughan, who could not live twenty-four hours among a tribe of savages. He said that people will steal at the slightest cause or chance. He said that if the same people who boast of being civilized were thrown among savages and would steal a blanket they would be killed. Here, he said, those same people are turned loose on the slightest excuse.

Commercial greed, said Dr. Vaughan, stands in the way of preservation of human health. He said that merchants in every part of the United States raised the prices of their goods on the slightest excuse and consequently in thousands of cases caused poverty. Poverty, he said, was one of the worst breeders of disease. He said that people spend money for everything that is offered to them, but life's protection.

In closing, Dr. Vaughan said that the time would come when every individual must subject himself to a physical examination at least once a year to ascertain whether or not he was free from disease. He said that the individual would not be compelled to pay for these examinations, but that the government would pay for them. He said that this would come through the evolution of men in future generations.

It was noticeable that but few papers were read by title only. Such, however, are included in this report.

In the symposium on goiter, Dr. R. B. Weatherill took up the diagnosis. He gave the classification as now recognized and referred to the significance of blood-count, blood-pressure, albuminuria and glycosuria. Attention was called to the tendency to change type.

Dr. L. T. Rawles used lantern slides largely to illustrate the pathology. In speaking of the surgical risk. Dr. G. K. Throckmorton gave the contraindications and the reasons for removal, and took the position that simple goiter was the most amenable to treatment.

The medical treatment was by Dr. W. M. Miley, and the surgical by Dr. H. H. Martin. The following points were noted:

It is possible to operate many goiters under local anesthesia. One-half of one per cent. novocain has given the best results with us.

If a general anesthetic be necessary, none but one well trained should attempt to or be allowed to administer same.

Some cases of very large goiters, or sub-sternal goiters, producing pressure symptoms, can be made more favorable risks by ligating superior thyroid arteries. In these cases the artery alone should be ligated.

Discussion opened by Dr. C. Stoltz, Dr. E. A. Sterne and Dr. Thos. Jones.

In the general session of the second day Dr. W. D. Hoskins spoke of the modern methods in diagnosis and treatment of cerebrospinal fever. He said that the only efficient treatment is antimeningococcic serum. The presence of a purulent cerebrospinal fluid justifies the use of the serum on suspicion.

The serum is efficient if given early, i. e., within the first three or four days. It should be administered daily during the acute stage and every third or fourth day during convalescence. It must be given intraspinously.

Discussion opened by Drs. L. P. Drayer and J. N. Hurty.

Dr. C. B. Jordan made a plea to improve the standing in pharmacy in In-

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diana. He believed that there should be more skilled laboratory workers and appealed to the medical profession for assistance in raising the entrance standard. The discussant was Dr. A. L. Walters.

Dr. Bernard Erdman read a technical paper on the Wassermann reaction, a synopsis of which appeared in this journal some time ago. The discussant was Dr. B. W. Rhamy.

Medical Section.

The first paper read before the medical section was by Dr. B. D. Myers, on the "Position of the Normal Stomach, with Observations on the Movements of the Diaphragm." It was illustrated by lantern slides. He demonstrated that in males, when standing, the average position of the lower border of the stomach was found to be 1 inch below the umbilicus, the extremes being from 1 inch above to 3 inches below this plane. In females, when standing, the lower border of the stomach was found to be 3 inches below the umbilical plane, the extremes being 1⅝ to 4½ inches below the umbilical plane. When standing, the stomach is either J- or cow-horn shaped.

Discussion opened by Drs. A. M. Cole and W. A. Domer.

Dr. J. Heitger, in speaking of practical consideration of modern ideas in otolaryngology, referred to the ear, nose, epipharynx, pharynx and mouth as gateways of infection. Many obscure systemic infections owe their existence to foci of infection in these areas.

Attention was called to false conceptions of so-called "catarrh of the ears and nose," asthma, rheumatism, neuralgia, scrofula, etc.

There is need of more exact diagnosis and more interchange of knowledge between the specialties and general medicine.

Discussion opened by Drs. George F. Keiper and L. F. Ross.

Concerning the education of the public to the early recognition of cancer of the uterus, Dr. Bernays Kennedy said that the belief that cancer is incurable by operation is not based upon facts. The duty of the physician is to overcome the prejudices of his patients by tactful presentation of the case. It is fatal to the patient for the physician to wait for physical changes in the cervix, such as proliferation or degenerative changes. It is the physician's duty to the public to urge that such an attitude toward possible cancer of the uterus is absolutely unwarranted, unjustifiable, and culpable in the light of scientific knowledge.

Discussion opened by Drs. J. W. Kelsey and H. H. Thompson.

"The Management of Feeding Cases in Infancy," by Dr. J. H. Taylor, touched upon the following points:

Cow's milk the food in artificial feeding. Malt-sugar the carbohydrate. Observe the principles of feeding, i. e., clean food, calories, over-feeding, intervals, etc., etc. The infant's behavior should be considered. Significance of spitting, crying, sleep, rest, colic, weight, stools. The co-operation of the nurse or mother essential. Self-feeding condemned, as also handling, rocking or bouncing the baby.

Discussion opened by Drs. O. N. Torian and G. R. Green.

Dr. H. D. Fair, in speaking of better obstetrics, said that most of the gynecologist's work is due to faulty obstetrics. The obstetrician must be an internest, surgeon and pediatrist. He condemned the abdominal binder.

Dr. Jane Ketcham showed the value of the Abderhalden test in pregnancy. During the course of her paper she said:

The reasons for unsuccessful work are first of all contamination and lack of cleanliness. The appearance in the blood stream of the amino acids gives the same reaction, wherefore it is necessary to take the blood at a time separated from the period of digestion. Where there is a stagnation of the intestinal contents, we seem always to get a positive reaction. A bacteremia also would give a positive reaction, so that where such is suspected, it would be desirable to run a blood culture for control.

Dr. Arthur Guedel advocated that gas anesthesia in obstetrics had the following advantages:

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(a) Nitrous oxid is an innocuous gas and is not in any way harmful to either the parent or offspring.

(b) There is no interference with the progress of labor.

(c) Nitrous oxid acts rapidly and is quite efficient in individual pain anesthesia.

(d) It does not destroy the normal tone of the uterus and hence protects against post partum hemorrhage and sepsis.

(e) It seldom produces nausea and vomiting.

(f) It is in nowise unpleasant to inhale.

Discussion opened by Drs. J. P. Ward, L. Burkhardt, R. E. Holder and C. L. Cabalzer.

Relative to aids to diagnosis in pelvic inflammation in women, Dr. Ada Schweitzer said:

Pelvic inflammations are infectious or non-infectious in origin. The more common infectious organisms are gonococcus, streptococcus, staphylococcus and colon bacillus.

Primary infections are likely to occur as a direct result of labor, abortion, instrumentation or gonorrhea. The secondary are due to an extension from an inflammatory focus as the appendix or bladder.

The manner in which the infection extends aids in diagnosis.

The discussants were Drs. W. H. Baker and M. R. Combs.

Surgical Section.

The first paper in the surgical section was by Dr. V. A. Funk, who spoke of the organs of the peritoneal cavity frequented by tubercular infection, significance of the segrullae and early recognition of conditions, in his discussion of surgical tuberculosis of the abdominal cavity.

The discussants of his paper were Drs. G. T. McCoy and J. V. Reed.

Dr. C. A. Bechtol presented a paper on local anesthesia in major surgery, with the following principal divisions:

Indications. Nearly all operations can be done by means of local anesthesia. All are facilitated by it.

Contra-indications. Fretful or unreasonable patients. Some fat persons. Children. A rough operator.

Drugs and instruments. Personal experiences with cocain, quinin and urea, novocain and adrenalin. Preparation of solutions. Syringes.

Methods of use. Local anesthesia alone. Local anesthesia combined with narcotics, ether or nitrous oxid. Infiltration and nerve blocking.

Personal experiences in various operations.

Discussion opened by Drs. C. M. Mix and Charles H. McCully.

"Why Surgery in Intestinal Stasis?" by Dr. A. P. Roope, dealt with:

Clinical history. Medical treatment.

Physiology of large bowel. Conditions interfering mechanically with bowel function. Resulting chronic colitis.

Treatment essentially surgical. Colectomy not justifiable.

Discussion opened by Drs. M. I. Rosenthal and T. B. Eastman.

One of the most interesting papers was on the diagnosis and treatment of general peritonitis, by Dr. D. N. Eisendrath, of Chicago. The following is the author's abstract of it:

The object of the paper is to call the attention of the general practitioner to this subject, because it is within his power to help the surgeon by making a diagnosis within the first twenty-four to forty-eight hours. The paper is based upon a personal experience of fifty-one cases operated during the past ten years.

A brief review of pathology shows that in the majority of cases surgical interference will turn the tide of battle if the absorption of toxins and bacteria from the peritoneal cavity can be checked. Drainage is only of avail during the first twenty-four hours after operation as shown by experiments.

The greater number of cases of general peritonitis arise in the right half of the abdomen. Appendicitis without or with perforation of the appendix forms the largest percentage of causes of peritonitis. Next in order are perforations of the stomach, duodenum and gall-bladder and infections of the female adnexa.

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Resume of bacteriology shows that certain cases of virulent infection cause such rapid changes in the peritoneum and general intoxication that surgical intervention is of no avail.

Of clinical symptoms the most important are the history, the steady increase in pulse rate and the presence of generalized rigidity and tenderness. Vomiting if repeated and independent of taking food is also of value. Other signs are either so equivocal or appear so late that they are comparatively of little value. The use and abuse of the starvation treatment. In early cases the best results were obtained by rapidly removing or closing the focus of infection through a right-sided incision, then draining the pelvis through a median suprapubic incision before the latter is closed. The after treatment aside from the Fowler position, whose value has been shown both clinically and experimentally, consists in the administration of tap water containing bicarbonate of soda and glucose, per rectum in order to combat acidosis. Eternal vigilance is the price of success, less such complications as acute gastric dilatation, infection of the abdominal wall, subphrenic abscess, etc., arise. Certain virulent cases die no matter what form of treatment is employed. The author's statistics show clearly, however, that aside from such cases the mortality can be reduced to 5 per cent.

Discussion opened by Drs. J. R. Eastman and M. F. Porter.

The surgical papers on Friday are herewith given, with the abstracts furnished by each author to the secretary. They are:

Ectopic Pregnancy, by Dr. Edgar Cox.

The importance of early diagnosis of extra-uterine pregnancy. If the patient is seen early the diagnosis can often be made prior to the rupture of the tube.

Surgery, in the author's opinion, is the only rational treatment in extra-uterine pregnancy.

Report of cases.

Indications for Cesarean Section. Dr. W. F. Howat.

A brief review of the history of the Cesarean section; also the indications as given by the authorities in the past, and personal views of the author, pleading for a wider employment of the operation instead of the use of the mutilating procedures, and also instead of prolonged and difficult forceps operations with their consequent danger of maternal infection and injury to the fetus.

Discussion opened by Drs. J. B. Berteling and W. H. Williams.

Diagnosis and Surgical Treatment of Goiter. Dr. Goethe Link.

(a) Diagnosis of simple goiter causing pressure in the neck. Substernal goiter.

(b) Diagnosis of hyperthyroidism with hyperplasia and of toxic non-hyperplastic goiter. Examples of most common mistakes in diagnosis. Toxic goiter as a medical, surgical and obstetric complication.

(c) The danger of improper medical treatment of all forms of goiter. Iodin medication.

(d) Surgical treatment of simple goiter; low mortality; quick recovery; good results.

(e) Surgical treatment of toxic goiter; choice of operation and time of operation. Factors of danger and safety. Results.

(f) Consideration of author's experience in thyroid surgery. Management of cases and operative technic. Case reports. (Lantern slide demonstration.)

Discussion opened by Drs. J. P. Cook and G. G. Graessle.

A Series of Filiform Appendices (with lantern slide demonstration). Dr. Harry K. Bonn.

Definition, description and frequency of filiform appendices. This type of appendix first described by J. R. Eastman. The principal types of these anatomic oddities. Etiology: the state of the terminal ileum, cecum and ascending colon in cases of filiform appendices. The varying degrees of this type of appendix. Gross and microscopic pathology. Microscopic appearance of serial sections. Symptoms. Diagnosis. Treatment.

Discussion opened by Dr. G. G. Eckhart.

A Technic of the Roentgen Ray Mas-

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sive Dose in Carcinoma of Deep Structures. Dr. J. N. McCoy.

Classification of Roentgen rays as to quality. Vacuum of tubes with relation to quality of rays. Tolerance of skin to Roentgen rays. Quality of rays most active in producing radio-dermatitis. Exclusion of soft rays in treatment of deep seated carcinoma. Methods of Roentgen-ray attack on cancer. Physiologic effect of rays. Glycogenic feeding of cancer cells. Brault research. Essential to reach seat of disease with the rays. Heavy dosage necessary. Efforts limited by tolerance of skin. Elimination of soft rays. Filters and their purpose. Filters of necessary resisting power. Resisting power the essential thing in filter. Measurement of Roentgen-ray dose. Radiometers. Method of using radiometer. Position of reaction pastille. Focal distance in relation to use of radiometer. Focal distance in relation to area of treatment field. Atmosphere a filter. Gauss treatment method. Author's modification of Gauss method. Case reports. Conclusions.

Discussion opened by Drs. E. O. Lindenmuth and A. R. Simons.

Eye, Ear, Nose and Throat Section.

In the eye, ear, nose and throat section Dr. W. N. Sharp read the first paper, on our obligations as specialists, and in part said:

We are responsible for the proper diagnosis, treatment and prognosis of disease. Patients look upon us as specialists in our chosen profession—men who should know every feature of their case. Are we deserving of the confidence imposed in us unless we are honest with our patients and ourselves?

It is one thing to have an office full of expensive apparatus, and quite another thing to be able to use it to advantage. The man who attempts to deceive his patients by such psychologic means nowadays is simply making a fool of himself.

Dr. Joseph Beck, of Chicago, spoke on the borderline topics in ophthalmology and otolaryngology. He divided his subject into:

(b) Malignant diseases of the nose, throat and ear and their secondary involvement in the neck.

(c) Intranasal management versus external of nasal deformities.

(d) Discussion of the various routes reaching the hypophysis with description of writer's method.

(e) A few remarks in reference to the present status of diagnosis and treatment of intracranial complications.

Discussion opened by Drs. E. deWolfe Wales and F. A. Morrison.

With the title The Diagnosis and Treatment of Simple Glaucoma, Dr. A. E. Bulson discussed the following topics:

Insidious onset of the disease and importance of early recognition. Premonitory symptoms. Contraction of the field of vision antedating failure of central vision. Ophthalmoscopic findings. Blood pressure. Value of the tonometer. Regulation of the habits of the patient. Use of miotics. Operative treatment, including trephining. Reports of instructive cases.

Discussion opened by Drs. D. W. Stevenson and L. D. Brose.

Dr. G. F. Keiper read a paper on The Bronchoscopic Treatment of Spasmodic Asthma, and, by the way, Dr. Keiper was chairman of the committee on arrangements and did himself proud, receiving a plaudit of thanks. The subdivisions of his paper are:

History of the development of treatment. Work of Nowotny, Galebsky and Tretrop, Ephriam, Heilskov and Mahler, Horn, Freudenthal and Large. Nature of spasmodic asthma. A local affection and not a neurosis. Observations. Report of a case successfully treated.

Discussion opened by Drs. J. F. Barnhill and W. J. Leach.

Trachoma in Indiana, by Dr. E. M. Shanklin, was a good paper. He said trachoma has recently become one of the widely discussed topics; the medical profession rapidly becoming convinced that it must be subject to regulation. Reports from oculists in about 75 per cent. of the counties of the state show that in many districts this disease is quite prevalent. The State Board of Health has placed trachoma among the reportable diseases,

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though very few physicians are reporting their cases.

The economic and sociologic phases are not the least important in the discussion of trachoma. Many counties are put to great expense in caring for trachoma victims, some of whom, under proper treatment, would soon be able to care for themselves.

Many general practitioners are extremely lax in the handling of cases, and much of the general opinion that "granulated lids" is but a transient thing may be laid at their door.

It was discussed by Drs. G. F. Keiper and W. A. Hager.

In brief, the papers in this section on Friday were:

Nasal Polypi, by Dr. George F. Spohn.

He spoke of the formation, location, cause, differential diagnosis, sequelae, removal, prognosis and treatment.

Discussion opened by Drs. W. S. Tomlin and D. W. Layman.

Tumors of the Eye was by Dr. F. C. Heath.

This paper consisted of a brief report of a series of cases, representing different types of ocular tumors, their symptoms, pathology and treatment, with some lessons that, it seemed to the author, could fairly be drawn from their study.

Discussion opened by Drs. T. C. Hood and J. McCall.

A Case of Relapsing Iritis Apparently Cured by the Use of Autogenous Vaccines, by Dr. H. C. Parker.

In his report he gave the history of case, preparation of vaccines, method of treatment, results, and comments on vaccine treatment of eye lesions.

Discussion opened by Drs. K. K. Wheelock and M. T. Jay.

Report of a Few Cases of Incipient Cataract Treated by Subconjunctival Injections of Mercury, by Dr. A. B. Knapp.

Paper based on personal experience of the writer. Suggestions of treatment coming from paper written by Colonel Smith, of India. Character of cases treated. Method of treatment. Results. Report of cases.

Discussion opened by Drs. F. C. Heath and Bleeker J. Knapp.

On Some Effects of Light Upon the Eye, Dr. W. F. Hughes said:

Practically all lighting systems use daylight, direct or indirect artificial light, or a combination of these. Within the past few years more attention is being given to the effect of light on the eye by the engineer in planning lighting systems. Natural light has a wide distribution due to the many reflections which have occurred before it reaches the eye. The loss of efficiency of the eye under direct illumination is very much more rapid than under indirect. The physiologist and oculist should be consulted in the formation of lighting plans.

Discussion opened by Drs. J. W. Hadley and F. C. Heath.

At a meeting of the house of delegates, Indianapolis was selected for the next meeting place, in 1915.

Dr. Frank B. Wynn, of Indianapolis, was elected president to succeed Dr. John F. Salb, of Jasper, Ind. Dr. Wynn has for a number of years been prominent in the American Medical Association as superintendent of the scientific exhibit, a popular feature of the national society's meetings, an idea which originated in the Indiana society.

Dr. Edgar Cox, of Kokomo, was elected first vice-president; Dr. L. W. Smith, of Wabash, second vice-president; Dr. W. J. Malloy, of Muncie, third vice-president; Dr. C. N. Combs, of Terre Haute, secretary; Dr. D. W. Stevenson, of Richmond, treasurer. Dr. C. H. Good, of Huntington, and Dr. Miles F. Porter, of Ft. Wayne, were elected delegates to the American Medical Association; Dr. White, of Danville, and Dr. Hayden, of Evansville, as alternates.

Dr. Alexander Craig, of Chicago, secretary of the American Medical Association, was a special guest at the morning meeting and delivered a short address, in which he praised the work of the Indiana association, placing the Hoosier society on the plane with the best in the country.

On a motion by Dr. A. W. Brayton, which was carried by a standing vote, a telegram of sympathy was sent to Dr. Theodore Potter, of Indianapolis, a mem-

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ber of the association and an authority on bacteriology and tuberculosis. The fact was brought out at the morning meeting that Dr. Potter has become afflicted with tuberculosis, a disease he has been fighting scientifically for more than twenty-five years.

The association appropriated $200 for a pathological exhibit to be arranged each year in connection with the state convention. Prizes of $50 and $25 are to be given for the best exhibit.

By unanimous vote the delegates adopted a resolution recommending to Governor Ralston and the next State legislature that a commission of experts be appointed to codify the laws of the State concerning health, the sale of drugs and other similar measures.

The association expressed appreciation of the efforts of a Lafayette newspaper to suppress fake medical advertising. After thanking the Lafayette doctors for their entertainment the delegates adjourned. S. E. EARP.

DEATH OF CAPT. W. H. ARMSTRONG.

Capt. Wm. H. Armstrong, president of the Board of Trustees of the State Normal School at Terre Haute, and president of the Wm. H. Armstrong Co., importers and manufacturers of surgical instruments, died in Indianapolis, September 27, age seventy. Among the doctors he had many friends, and there were few, either young or old, who did not know him. He was a sturdy, upright man, with a courteous bearing, which made him beloved by all.

Capt. Armstrong was born May 14, 1844, at Wigton, Cumberland County, England. When he was three years old his parents came to America and settled in Knox County, Illinois.

He enlisted as a private in Company K, Eighty-third Illinois Volunteers, in 1863. This regiment first served in the Army of the Cumberland. At Fort Donelson, in the spring of 1864, he was detailed as acting ordnance sergeant. He was commissioned by the President, July 4, 1864, as second lieutenant in the Eighth United States Heavy Artillery and served in the district of western Kentucky in the summer and autumn of 1864 in the movement against the Confederate forces of Johnson, Lyon and other generals.

He was married September 29, 1869, to Miss May Eldred, of Joliet, Ill., who survives him. Capt. Armstrong became engaged in the real estate business at Paducah, Ky., in 1869, and later was appointed collector of war claims. He was appointed assessor of United States internal revenue for the first district of Kentucky in 1869. Shortly after this he removed to Terre Haute and engaged in business as a druggist and manufacturing pharmacist.

He was closely identified with the city of Terre Haute, serving as mayor from 1883 to 1885. He was a charter member of the Morton Post No. 1, G. A. R., Terre Haute, but at the time of his death was a member of the local George H. Thomas Post No. 17.

Capt. Armstrong removed to Indianapolis in 1889. He has been president of the William H. Armstrong Company, 29-31 West Maryland street, since its organization in the early 90's. In addition to being a member of the George H. Thomas Post, he was a member of the Indiana Commandery Loyal Legion, and was on the military affairs committee of the Chamber of Commerce. For more than twenty years he had been president of the board of trustees of the Indiana State Normal School.

DR. HARRIETT TURNER DIES.

Word has been received of the death in Boston, Mass., of Dr. Harriet T. Turner, a physician of Indianapolis. Early last summer Dr. Turner went to her home in New Hampshire to attend a relative who was sick. She was expected to return here in September, and her death comes as a great shock to her many friends in this city, where she was highly esteemed. She was well educated in her profession and a most careful and conscientious practitioner.

(This note in the Indianapolis News brought sorrow to a thousand friends in Indianapolis, for no woman who has practiced medicine in Indianapolis ever

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had so many friends among the leading physicians of the city, as well as the laity. Our surgeons sent her many cases of early lateral curvature of the spine—girls in early adolescence—for treatment.

She wrote Dr. John H. Oliver that she was suffering from gallstones and he advised her to come home at once. She was operated on in Boston and died September 29. None knew her but to love her. In her was the "eternal womanly," all the graces and charm of a mature and cultured nature.—A. W. B.)

UNIVERSITY MEDICAL SCHOOL OPENS.

Lectures at the Indiana University School of Medicine commenced October 2. Last year there was a falling off in the number of students, and thus far this year there is shown an increase of 14 per cent. During the first term the classroom and laboratory work will be divided among Drs. Emerson, Hutchins, Oliver, Earp, Pfaff, Burckhardt, Schaeffer, Ferguson, Graham, Jobes, Sterne, Barnhill, Jackson, Wynn, Gatch, Hurty, Bulson, Torian, Hodges, Porter, Bond, Beckman, Lindenmuth, Koch, Walker, Moon and Boesinger. In addition to this list, there are twenty-five clinicians in the City Dispensary. No important changes have been made in the faculty except those mentioned in our September issue. Regular clinics are being held at the City Hospital and the Long Hospital by the members of the regular staff who are representatives of the school. The regular educational meetings, consisting of medicine, surgery, obstetrics and research work, as inaugurated by the dean, Dr. C. P. Emerson, will continue this year. Attendance is obligatory on the part of the members of the faculty. A part of the program will be a review of the recent medical literature and a discussion of the same. These meetings hereafter will be open to the members of the medical profession, both in the city and the state, and the dean said to a representative of this journal that he would like the doctors to understand that they are especially invited to attend any or all of these meetings. The medical section convenes on the first Friday of each month and the surgical section on the third Friday from 5 to 6 in the afternoon. The scientific section generally meets at night, and the time is announced by the dean.

IPECAC CURES RIGGS DISEASE.

NEW ORLEANS, September 15.—Injection of the active principle of ipecac into the arm is a cure for Riggs disease, according to announcement made here last night to the Orleans Parish Medical Society by Dr. C. C. Bass, head of the Louisiana hookworm commission and a scientist of note.

Dr. Bass, collaborating with Dr. F. M. Johns, of the medical faculty of Tulane University, has conducted many experiments in the effort to find a cure for Riggs disease, a malady of the gums. Dr. Bass won considerable distinction by the cultivation of the malarial plasmodium, receiving from the American Medical Society a gold medal in recognition of his achievement.

(This is given as a newspaper item, letting the reader judge of its scientific bearing, if any.—Ed.)

CHANGES AT THE DEACONESS HOSPITAL.

Dr. A. E. Guedel became superintendent of the Protestant Deaconess Hospital October 1. The appointment is a good one. Dr. Guedel graduated from the Indiana University School of Medicine and was house physician at the Indianapolis City Hospital. He has written several very creditable papers on anesthesia and other topics and is the inventor of an apparatus to administer nitrous oxide gas and oxygen. He was formerly secretary of the Indianapolis Medical Society.

Dr. A. L. Marshall, who has been superintendent of the hospital for several years, has made a good officer and will now limit his practice to diseases of the eye. He will be associated with Dr. W. S. Tomlin, 520 Hume-Mansur building. He will retain his position as superintendent of the City Dispensary.

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WESTERN RESERVE UNIVERSITY GETS MILLION-DOLLAR BEQUEST.

A bequest of a million dollars to the medical school of Western Reserve University was announced September 20. By the provisions of the will of Liberty E. Holden, who died a few months ago, nearly one-sixth of the estate, which is estimated to be worth between $5,000,000 and $6,000,000, is left to the medical school. The fund is to be known as the Albert Fairchild Holden foundation in memory of Mr. Holden's son, whose death preceded his own.

NEWS ITEMS.

Dr. Mary E. Ash has returned from a visit to her parents in Oneida, Ill.

Dr. J. F. Robertson, who has been disabled by Bell's palsy, has resumed his practice.

Dr. J. William Wright left September 29 for a ten days' trip to Grand Rapids and Chicago.

Dr. S. E. Warner has returned from a visit of two weeks in New York and Washington, D. C.

Drs. J. W. Sluss, A. E. Sterne and Homer Jones were division officers in the disease prevention parade.

Dr. Chas. McNaull, who has been in New York and Philadelphia, returned home the middle of September.

Drs. W. H. Larrabee, of New Palestine, and O. T. Scamohorn made week-end visits to Indianapolis October 3.

Dr. D. W. Fosler, former superintendent of the City Dispensary, has returned after a month's stay in Manitowish, Wis.

Dr. H. O. Pantzer, of Woodruff Place, has returned home from Buffalo, where he attended a medical meeting, and was elected a member of the executive committee.

Mrs. Mary C. Weatherill, age eighty-one, one of Lafayette's oldest and wealthiest women, died at her home August 29. She was the mother of Dr. Richard B. Weatherill, one of the leading physicians of central Indiana. Mrs. Weatherill was born in Lafayette January 10, 1833. She was the daughter of Mr. and Mrs. Thomas Benbridge, a wealthy Lafayette merchant, who built the Lafayette opera house. She was married in 1857 to Dr. Charles M. Weatherill of Philadelphia.

Dr. Weatherill was professor of chemistry at Lehigh University and later was associated with Dr. Henry at Smithsonian Institute. When he died in 1871 Mrs. Weatherill came back to Lafayette with her three children. Dr. R. B. Weatherill, a son, was at one time professor of surgery in the old Central College of Physicians and Surgeons.

During the meeting of the Indiana State Medical Association in Lafayette, September 23 to 25, Dr. and Mrs. W. W. Vinnedge gave a dinner to a party of friends, among whom were Mrs. George B. Williams, Washington, D. C.; Mrs. John S. Williams, Mrs. Robert H. Boyd and Mrs. David Murphy, of Lafayette; Dr. G. W. H. Kemper, of Muncie; O. T. Scamohorn, of Pittsboro, and S. E. Earp, of Indianapolis.

Dr. C. M. Sautter, formerly assistant physician at the Northern Hospital for the Insane, Logansport, has resigned his position and is now doing special work in diseases and surgery of the ear, nose and throat in New York City.

Dr. and Mrs. Edward F. Hodges have returned from the East, where they spent a short time after returning from Europe, where they had been for a year, visiting in the British Isles and on the continent.

Dr. C. S. Eddleman, of Marengo, Ind., who has been resident physician of the Louisville City Hospital, returned home from a visit to Indianapolis October 1.

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An alleged fraud that is said to have attracted many prominent Indianapolis business men is said to have been discovered in the sale of alleged spurious meerschaum pipes. An unidentified "agent" called on several Indianapolis men, displaying a thoroughly "seasoned" pipe, said to be a genuine meerschaum which had "been in his family" for many years. The agent offered to sell the pipes for from $2 to $5, and is said to have sold many of them. Purchasers of the pipes have called on Oscar Klugel, a pipe expert, to obtain his idea of the value of their purchases. Klugel said that all of the pipes he has examined, instead of being genuine meerschaum worth $20 or $25, are worth about 50 cents.

The representatives of the colored physicians, dentists and pharmacists of Indiana, Ohio and Kentucky, at their closing meeting, September 8, at the colored Y. M. C. A. building, in Indianapolis, formed a tri-state association and elected the following officers: Dr. W. A. Method, Columbus, president; Dr. W. J. Woodlin, also of Columbus, Ohio, vice-president; Dr. H. W. Armistead, of Indianapolis, secretary, and Dr. A. L. Cabell, Terre Haute, Ind., treasurer. The first regular meeting will be held at Columbus, Ohio, next July. A crowd attended the reception given at the Pythian Castle Hall in honor of the visiting doctors and their wives.

Dr. and Mrs. Frank Foxworthy have returned from their cottage at Harbor Point, Mich. Dr. Foxworthy and Dr. F. B. Humphries, of Angola, were appointed by Governor Ralston to represent the Indiana National Guard at the meeting in Cincinnati late in September. Dr. Foxworthy read a paper on "The Progress of Military Transportation in the Field."

Mrs. Gertrude Ross, wife of Dr. David Ross, of Indianapolis, met with an accident September 9, which resulted in the loss of her right hand. She was riding in her launch near Broad Ripple, and in reaching for an article near the motor, her glove caught in the motor shaft.

Dr. Emil C. Krausche, representing D. Appleton & Co., has been in Indianapolis for two weeks. A good firm, and admirably represented.

Dr. B. H. Landes, pathologist at the Northern Hospital for the Insane, at Logansport, Ind., is now in New York City, doing special research work at the Rockefeller Institute.

Dr. L. A. Duthie, 47 years old, died in Indianapolis September 12 of appendicitis. Dr. Duthie had been a practicing physician in Indianapolis for some years. He was a graduate of the old Physio-Medical College, which was discontinued after the organization of the Indiana University School of Medicine. Dr. Duthie is survived by his widow and one daughter.

On Disease Prevention Day the following named physicians took part in the exercises at the places named: Dr. A. W. Brayton, Spencer; Dr. B. F. Wynn, Laporte; Dr. E. B. Mumford, Franklin and Whiteland; Dr. Evans, Valparaiso; Drs. O. P. Graham and D. L. Field, at Jeffersonville; Dr. J. N. Hurty, Tipton; Dr. J. T. Simonds, Logansport, and Dr. H. S. Cowing, Elwood.

During the State medical meeting at Lafayette in September, while the ladies were being entertained by a motor tour of the city, one of the automobiles skidded and struck a curbstone. Mrs. H. G. Hamer and Mrs. W. T. S. Dodds were thrown to the pavement. The former was seriously bruised and the latter sustained a fracture of the pubic bone and a dislocation of the ilium and sacrum left side.

Dr. Alice L. Hobbs has removed her office to 5828 East Washington street. She has a fully equipped rest home for elderly persons, invalids and convalescents. Physicians who desire to send patients to her will have their instructions carried out accurately. The house has a large summer porch and extensive

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grounds. She is trying to reach the middle classes who are unable to pay large sums for care of this kind.

Dr. John L. Masters, while at his farm near Castleton, was injured by a runaway team of mules September 24. He was unconscious for some time and sustained a fracture of the right malar bone.

INTESTINAL TOXEMIA.

Watson (Edinburgh Medical Journal) considers the manifestations and treatment of intestinal toxemia. From the therapeutic standpoint, cases of intestinal toxemia may be roughly classified into three main groups: Group 1—Cases in which the symptoms and physical signs are comparatively trivial, and which yield ready to simple medical treatment. Group 2—In which the symptoms are more pronounced, and are accompanied by marked objective indications of an abnormal state of the digestive tract, but which are amenable to careful and prolonged medical treatment. Group 3—In which the condition of the digestive tract is so abnormal that medical measures fail to relieve, relief being obtained by surgical treatment. Many factors have to be considered in the treatment of these cases, but the keynote of successful treatment is undoubtedly to be found in the application of antiseptic and aseptic principles of practical medicine. The aims of treatment in every case may be summarized as follows: (1) To correct the abnormal bacterial activity in the digestive tract, attention being directed both to the small and large intestine. (2) To correct any associated, or it may be primary toxemia, existing in the upper part of the digestive tract, more especially the teeth, tonsils, gums and stomach. (3) To increase the functional activity of the main channels of elimination of the natural poisons of the body, which in the cases in question are usually produced in excess; more particularly the bowels, kidneys and skin. (4) To raise the general tissue resistance of the body by general means, attention being specially directed to improving the tone of the central nervous system. (5) In appropriate cases endeavor to raise the resisting power of the tissues by the use of vaccines. After noting rest, diet and treatment of the bowels, he states, that an important point in the treatment consists in stimulating the functional activity of the kidneys. A deficiency in the total amount of water, combined with excessive acidity is very commonly met with. A simple and efficient way of stimulating the kidneys consists in the administration of twelve ounces of hot water three times a day, on an empty stomach, preferably in the early morning, one hour before the midday meal, and last thing at night. In cases associated with high acidity of the urine, with the presence of catarrhal cells, benefit is obtained by the administration of urotropin with acetate of potassium, or other alkali. As to vaccines, he is quite satisfied from close observation of many cases that the use of vaccines when carefully administered is of value in supplying the final stimulus required to enable nature to overcome the effects of the poison. He favors an autogenous vaccine prepared from the B. coli strain of organisms obtained from the stool.

A PSALM FOR DOCTORS.

The teacher of false ethics is our master; we know only want.

He maketh us serve the dispensary gratis; he leadeth us likewise into other fields of free service.

He thinketh not of our interests; he leadeth us in paths of sacrifice for his vanity's sake.

Yea, though we ask for the economic products of our labor, we receive only titles; for thou art with us; thy retainers they impress and flatter us.

Thou preparest a dinner before us in the presence of said retainers; we are crowned as altruists; but the cost of living proceedeth apace.

Surely hardship and hypocrisy shall follow us all the days of our lives, if we continue to give something for nothing forever.—Long Island Medical Journal, July, 1914.

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BOOK AND JOURNAL REVIEWS.

"In My Youth." Who wrote it? Who is the author of the fascinating volume entitled "In My Youth"? Evidently the publishers are sworn to secrecy, if they know. It is the portrayal of life in Indiana sixty years ago, and is published by the Bobbs-Merrill Company. The author shrouds his identity in the name Robert Dudley. This book was discussed by several litterateurs present at a dinner given by Dr. and Mrs. W. W. Vinnedge, September 24, which was during the time of the State medical meeting at Lafayette. This discussion abounded in freshness from the fact that it was the evening of the day the book was said to be released. A synopsis of the narrative was given by one of those present, and another guest was impressed that the author was an Indiana man and that the scene was laid not a hundred miles from Muncie. I have not read the book, but I surmise that the exposition which I heard was clear and accurate. I am convinced that Dr. G. W. H. Kemper could write just such a book, but he says, "No." This journal has frequently published some of the thoughts expressed by Mr. Howland in the editorial columns of the Indianapolis News, and we take from the Indianapolis Star of September 27 his graphic description of the mystery of "In My Youth":

In September a year ago the following letter was received by Hewitt H. Howland, editor of the Bobbs-Merrill Company, the letter being given in full with the exception of the signature of the agent:

"Gentlemen—Some time ago I came into possession of a manuscript which, on account of its local interest (and general interest, too), as well as its peculiar literary quality, will, I believe, make a strong appeal to you as publishers. I have revised and edited it throughout, and am having a clean typewritten copy made, which is now almost finished. The work is autobiographical—reminiscent of life under peculiar conditions in Indiana sixty or seventy years ago—but it is an autobiography of a kind quite different from the ordinary.

"The author was the writer, in his day, of more than one successful book, but in this book he has taken the reader so unreservedly into his confidence that it was his wish that his true name should not be disclosed, lest it bring embarrassment to his family. He has written, therefore, under an assumed name, and the manuscript will be submitted for examination only upon condition that his identity shall not be disclosed. So far as I have been able to discover, not more than two persons now living are anywhere mentioned in the narrative, and there is absolutely nothing written that would hurt the feelings of any one.

"I can send you about 500 of the 570 pages (more or less) immediately, and the balance quite soon. Would you like to examine it under the condition above mentioned, and shall I send it to you at once?"

Investigation showed that the agent was acting in good faith, and the manuscript was accepted. In less than a month it was on its way to Indianapolis, accompanied by the following message:

"By express today I am sending you the manuscript of a work entitled 'In My Youth. From the Posthumous Papers of Robert Dudley.' This is the manuscript of which I wrote you a few weeks ago, and I submit it for examination with a view to its early publication. No other publisher has seen it.

"The work will speak for itself; and whatever may be your opinion of its literary quality or its marketable value, I am sure you will agree that, as an autobiography, it is decidedly different.

"Of course, it is understood, for the reasons mentioned in my former letter, the identity of 'Robert Dudley' must not be revealed or inquired into.

"In acknowledging the receipt of the manuscript, will you kindly state the approximate date at which you will probably be able to report upon it?"

"It is difficult to describe just what

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there is so remarkable about the book," said Mr. Howland, "but it undeniably is wonderful. It is literature. It is a strange combination of autobiography and fiction, and records only the simplest happenings—the life of people in the Indiana backwoods, the primitive life, the commonplace experiences, the visits between neighbors. To tell about it in this way does not make it sound remarkable, yet it is.

"The style is simple and clear; there is a quiet humor running through it, and in other places the reading brings tears to the eyes.

"I do not recognize the style as that of any living author with whose writings I am familiar, and I can not think of any of the writers of a generation or two ago with whom to compare it."

As to where the scene is laid—that, also, is another puzzle. The publishing company has sent out 100 advance copies to prominent persons in Indiana, and has received many letters concerning it. Nearly all of these letters contain the statement that the writer has solved, at least, if not the identity of the author, the scene of the story. The scene has been located at Plainfield and Richmond; one person asserts the scenes can be nowhere in Indiana but in the vicinity of Danville; another insists that he recognizes actual descriptions of the country about Centerville.

Aside from its value as a work of quasi-fiction, the book has an immense historical value. It gives glimpses and sidelights into the early life in Indiana that could not be obtained from any history of the State.

It is, of course, of especial interest to Indiana readers, but will prove fascinating reading to people of any locality. Most fascinating of all is the mystery surrounding the identity of the author.

S. E. EARP.

"The Cancer Problem," by Dr. William Seaman Bainbridge. This book is necessarily up to date, since it was released from the press October 14.

Each successive generation has added its quota of theory to the subject of cancer, with now and then a fact to illuminate the situation, while the inauguration of what has been called the era of modern or scientific cancer research has produced books, brochures, papers and other contributions in disconcerting volume. It has been correspondingly difficult for those not actually taking part in the campaign of research, and even for those who are the real history makers in this line, to keep abreast of the times and to satisfactorily digest the mass of cancer literature.

In the preface to "The Cancer Problem" (The Macmillan Company, New York and London) the author, Dr. William Seaman Bainbridge, of New York, says: "With the development of the widespread interest in cancer there has arisen a definite need for a book of ready reference, of convenient size, giving in succinct and available form a summary of knowledge concerning the subject. This is needed by the general practitioner, by the specialist, by the intelligent layman, by the lecturer on health matters; in fact, by all who are definitely interested in questions of health maintenance."

Dr. Bainbridge has succeeded in his undertaking remarkably well. Finding it necessary, as he states, "to touch upon practically every phase of the cancer problem, to state theories, to emphasize facts, to review the work and opinions of those who are qualified to speak with authority, and to maintain throughout an attitude of 'suspended judgment pending proof'," he has shown skilful discrimination in winnowing the wheat from the chaff, the fact from the fiction.

The fourteen sections, some of which are subdivided into chapters, the final survey called "The Outlook," the general bibliography, the index of authors and the very full index of subjects, all contain a surprising amount of valuable information concerning this multiplex question.

Practically every class of reader can find within the pages of this book subject-matter to suit his particular needs.

The statistician will find the section on "Statistical Considerations" a book

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within itself, full of valuable information and a careful correlation of facts and figures, instead of the usual compilation which one is accustomed to encounter under the heading. Careful study of this section will dispel much of the alarm created by those who for so long have harped upon the one string of the increase of cancer. It is to be hoped that American statisticians will be stimulated to remove the stigma which some of our foreign confreres have placed upon our methods of collecting data, so that, in future editions of "The Cancer Problem" the author will not be forced to accept the imputations made abroad.

The laboratory worker will find the section under "Histo-Pathology" a condensation of knowledge concerning the minute anatomy and pathology of cancer that must prove of great practical value, particularly as it is supplemented with a large number of histological plates and other illustrations. This section, together with that part of Section I which deals with the "History of Modern Cancer Research" and the section entitled "Cancer Research—A Resume of the World's Work," will give much valuable data to those who are especially interested in the laboratory and purely experimental phases of the subject.

Just at this time, when not only medical societies, but women's clubs, mothers' congresses and very nearly every other variety of organization are dabbling in cancer study, the section on the "Campaign of Education" will be found peculiarly pertinent. It is interesting to note that Dr. Bainbridge takes a very conservative stand on this particular question of educating the public with reference to cancer. In addition, the sections on "Prophylaxis," "Institutions for the Care of Cancer Patients," and "The Investigation of Cancer Cures," will give to propagandists much conservative, rational and logical matter, which, if properly digested, will augur well for the victim of cancer and for those who, by virtue of age, sex, industrial or other predisposition, are fair subjects for the inroads of this disease.

The clinician, however, is always interested in the vital question, "What can I do for my patients?" Abundant answer to this question is found in the sections on "Clinical Course and Diagnosis (including a valuable subdivision on "Possible Errors in Diagnosis"), "Non-Surgical Treatment," "Surgical Treatment" (comprising the subdivisions, "General Technic of Surgery as Applied to Cancer," and "Special Technic"), and a practical consideration of "Irremovable Cancer."

After reading Dr. Bainbridge's clear-cut exposition of the entire subject, the reader will be in accord, we think, with the closing paragraph of the book: "While it can not be gainsaid that the cancer problem today is still fraught with perplexity and uncertainty, one indisputable fact stands out in bold relief, serving as both guide-post and danger signal for the present and the future—If cancer be cut out soon enough a permanent cure is effected. This alone is sufficient to warrant the statement that we are 'traveling hopefully'."

"Progressive Medical Medicine: A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences." Edited by Hobart Amory Hare, M. D., assisted by Leighton F. Appleman, M. D. Volume III. September, 1914. Publishers, Lea & Febiger, Philadelphia and New York, 1914.

The contributors to this issue are Davis, Ewart, Gottheil and Spiller. This speaks well for the contents. The range of topics includes diseases of the thorax and its viscera, including the heart, lungs and blood vessels; dermatology and syphilis; obstetrics; diseases of the nervous system. Pulmonary conditions consume seventy-nine pages. Then follows organs of the circulation to make 112 as the contribution of Dr. William Ewart. It is surely complete in every particular, so far as science, practice and observation have furnished information. The reference to syphilis in its different phases both in the infant and adult as given by Dr. Gottheil is interesting and instructive. What is said concerning the new serum treatment in dermatology is

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important. The reader will not pass hurriedly over the topics of pregnancy, labor, abortion, obstetric surgery and puerperal period. Dr. Edward P. Davis has taken up considerable space in order to thoroughly discuss each subject, including the latest that is known concerning them. Much about the new born is the finale of his contribution. The brain, spinal cord, diseases of the nerves and a number of miscellaneous diseases are taken up in a masterful manner by Dr. Wm. G. Spiller. It is not apropos to give in detail the material which is furnished by the several authors. Any one who examines this number, which was issued September 1, will recognize that much time and labor has been spent by a quartet of eminent men in order to furnish the physician and surgeon with the most advanced methods and opinions based upon personal experience from all portions of the world. S. E. EARP.

"The Hypodermic Syringe," by George L. Servoss, M. D., editor of "Nevada Medicine," member of the Nevada State Medical Association, Fellow of the American Medical Association. Physicians' Drug News Co., publishers, Newark, N. J., U. S. A.

In furnishing the members of the medical profession with this book the author does not claim to have injected anything of an original nature in it, but rather to have given in a condensed way the very best of the subject dealt with. The introduction is historical; then the good and bad qualities of a hypodermic syringe are discussed, followed by the technique. Much space is given to the remedies that may be used by the hypodermic syringe. In this portion of the text there is much valuable information. It has quite a range in therapy. Not only is the selection up to the standard, but the dose and use of each drug is given, together with the strength of certain standard solutions. Many will accept gladly the condensed information relative to antitoxins, serums and bacterins. The clinical reports, page 158 et sequor, which come from reliable sources, add strength to this publication. The last three chapters are upon anesthesia, shock and syphilis, respectively. They are brief, and yet consume about the amount of space appropriate for a book of this kind. To say that this book is commendable, is putting it very mildly. It is good for a textbook, and would be a great aid to the quiz-master. A ready reference book that is brief and yet reliable is needed. This is such a book. Dr. Servoss formerly lived in Indiana and has many friends in Indianapolis, who are glad to know of his continued success. He has frequently contributed to the Indianapolis Medical Journal and his articles have been read with interest.

S. E. EARP.

"International Clinics." A quarterly of illustrated clinical lectures and especially prepared original articles. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A. With the collaboration of John A. Witherspoon, M. D., Nashville, Tenn.; Sir Wm. Osler, M. D., Oxford; A. McPhedran, M. D., Toronto; Frank Billings, M. D., Chicago; Chas. H. Mayo, M. D., Rochester; Thos. H. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London, and Richard Kretz, M. D., Vienna. Volume II. Twenty-fourth series, 1914. Philadelphia and London. Publisher, J. B. Lippincott Company.

In all probability a reference to some of the things of great value in this issue will be the best means of acquainting the reader with its contents. We might say that throughout the illustrations are not only accurate but especially adapted to the text. The outline of Ball in reference to the treatment of syphilis of the nervous system is made plain by case reports and will at this time be of general interest. The work which has been going on for the past year at the Indianapolis City Hospital, under the direction of Drs. Neu and Brayton, would give it a local interest. I recently saw a case which Dr. Sterne has treated successful-

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ly which would come in the category. Snow says on page 65 that there is no field in therapeutics so ripe and rich for the employment of electral therapeutics as the types of arthritis which he describes in his article, and perhaps no treatment so neglected. This refers to the physical treatment. One of the strong statements is a quotation from Peckham, who said to Dr. Snow that if there is one thing that I can cure with static electricity, it is gonorrheal arthritis. Duckworth takes up the clinical aspects of senility, and Pfahler discusses the present status of the Roentgen rays in the diagnosis and treatment of disease. Walsh has a fertile field, embracing insomnia, foot troubles, rheumatism and gout. He shows that there is every reason to forget the red-meat superstition. The various causes of many of the mistakes and diagnoses of gout are shown. With these the orthopedic surgeon is familiar, and the physician should be. When there is pain due to some lesion of a burse, or an "arch drop," it is high time to quit calling it rheumatism or gout. These bursitises recur from time to time and are particularly likely to develop in wet or damp weather, or when rubbers have been worn, and how easy it is for the careless individual to call it gout or rheumatism. Many interesting surgical cases, with illustrations, are reported by Skillern, Jr., and some unusual surgical cases are given by Cumston. Blood transfusion by vein-puncture method is described by Steele. Martin furnishes a plea in behalf of the open operation for proper fixation and repair of fractures. There is a report of cases, which are profusely illustrated. Interesting topics upon obstetrics are by Phillips and Hall. This volume closes with an article relative to the teaching of sex hygiene, by Dr. Maria M. Vinton.

S. E. EARP.

"Indiana Past and Present, a Monthly Magazine of Hoosier Progress." Published by Max R. Hyman Publishing Co., Indianapolis, Ind. Subscription, $2 per year.

The control of this magazine consists of Max R. Hyman, manager; Geo. S. Cottman, editor, and Merica Hoagland, contributing editor. To the living men and women of Indiana who have contributed to the development of the various activities that have marked progress of the state department, this publication is dedicated. The autographs and brief biographs will be printed in each issue and later published in connection with the Centennial Handbook of Indiana. The contents of the September number consist of:

Making of a State—Political Foundation.

Indiana in Brief—Beginnings.

Indiana Women's Franchise—Pioneers.

Why Indiana Needs a New Constitutiin.

General Culture—Earliest Education.

Indiana University School of Medicine, Etc.

Early Music—Corydon Named from a Song.

Buzzard's Roost — William Watson Woollen.

Who's Who in Indiana—Series Three.

"THE SOLDIER IN LITERATURE."

(From the Indianapolis News.)

"The Soldier in Literature" is the subject of a chapter by Margaret Hamilton in London Everyman, prominent in which stands forth Colonel Newcome, Thackeray's fine pattern of a soldier and a gentleman, with his reproof of the disreputable Captain Castigan, who begins a low song at the cave of harmony.

"Go on?" cries the colonel, in his high voice trembling with anger. "Does any gentleman say 'Go on'? Does any man who has a wife and sisters, or children at home, say 'Go on' to such disgusting ribaldry as this? Do you dare, sir, to call yourself a gentleman, and to say that you hold the king's commission, and to sit down amongst Christians and men of honor, and defile the ears of young boys with this wicked balderdash? * * * And shouldering his stick, and scowling round on the company of scared bacchanalians, the indignant gentleman stalked away, his boy after him."

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Numerous illustrations are given from Dickens of the noncommissioned officer, including Sergeant George's friend, the Trooper Bagnet in "Bleak House." Sir Walter Scott's soldiers are classified in two types, the romantic, languishing hero and the swashbuckler adventurer. "Waverley," "Guy Mannering" and "Ivanhoe" are placed in the first class and "Quentin Durward," "The Knight Templar" and "Rob Roy" in the second.

"To this school," says Everyman, "also belong the inimitable soldiers of fortune created by Dumas, of which D'Artagnan and 'The Three Musketeers' are the most delightful examples. In this division may be classified some of Charles Lever's heroes, notably 'Tom Burke' and 'Charles O'Malley.' But the roystering, fearless man-at-arms, personified by Denis in 'The Cloister and the Hearth,' has given way to a less romantic, more studious school. The man of ideas is no longer scouted by the man of action, the visionary is found buckling on a sword, and the apostles of peace carry a musket. It is perhaps symbolic of the present war that on the same side will be found priests of the Catholic church fighting shoulder to shoulder with the Goorkas and the Sikhs; the pacifist will march by the militant, the scientist charge with the poet."

The moral of this story, it is plainly to be seen:
You 'aven't got no families when servin' of the queen;
You 'aven't got no brothers, fathers, sisters, wives or sons,
If you want to win your battles take an' work your bloomin' guns!

"A Mind Remedy." By John G. Ryerson, M. D., Boonton, N. J. Published April, 1914. The Quinn & Boden Co. Press, Rahway, N. J.

One having a keen sense of the ridiculous and plenty of spare time might read this volume with equanimity, but to realize that one has been duped into even a casual glance at the contents of the work is to make him potentially an assassin.

This explicit review is from the Post-Graduate. As an addendum we are reminded of the following dialogue:

Professor of Mental Philosophy—What is mind?

Student—No matter.

Professor—Well, what is matter?

Student—Never mind.

Professor—Well, what is spirit?

Student—It is immaterial.

Same with this book. Amen to the amended review.

POLYDACTYLISM.

Polydactylism is one of the instances of heredity by which the Mendelian theory is upheld, and the latest history of a family exhibiting the trait of an extra finger on each hand is given by Dr. A. Banks Raffle in The Lancet of September 12. A grandmother found the trait reproduced in her eldest grandson and granddaughter, and both sons of the grandson showed the same deformity, while one daughter of the granddaughter's two children had an extra phalanx. None of the collateral relatives presented anything of the kind. Dr. Raffle tells of another case in which polydactylism appeared in one generation without any history in the family, the five older children all showing it, while the youngest did not. Of course, the "sport" being established, showed itself in succeeding generations.

Father was just through a certain form of exercise, in the course of which the father's slipper and a certain part of Johnny's anatomy came into very frequent and violent contact. In came his youngest son and asked: "What is the difference, father, between a locomotive and Johnny, just now?" "I give it up," said father angrily. "Well,' answered the youngster, "a locomotive has a tender in front of it and Johnny has a tender behind."

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INDIANAPOLIS MEDICAL JOURNAL

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ORIGINAL COMMUNICATIONS.

THE ROLE OF THE SOCIAL WORKER IN THE CONSERVATION OF CHILD HEALTH AND LIFE.

By E. B. Mumford, B.S., M.D.

Medical Director Children's Aid Association, Alternate Orthopedic Surgeon, City Hospital, Indianapolis.

The ultimate aim of charity and social work is to make this a world of happiness and contentment for all—to aid those who, either through sickness, ignorance, lack of employment or bad habits of living, are handicapped in the struggles of this life. The divisions of this work are many, yet each is in many ways dependent upon the others, and the failure of any department to recognize this dependence can mean work only half done. The lack of employment may be due to sickness, and the sickness may be due to ignorance or to some condition of improper living in their own life or in the life of the parents. In infant feeding the family history—the history of alcohol, tuberculosis and of syphilis—is of the greatest importance to the physician, and it is this kind of a history that can often be obtained only by the social worker who has the opportunity to see the actual conditions in the home and to know the real habits of the parents. Thus is the physician dependent upon the social worker in order that he may do his work well.

In the United States there are about 300,000 deaths each year of infants under one year of age. This means that one child out of every five born fails to reach the end of the first year of its life. A further study of the subject shows that about 47 per cent. of these deaths could have been prevented—that 125,000 infants might have been saved. In the so-called civilized world there is a death of an infant every ten seconds. And yet we say that the mortality rate is the index of the sanitary progress of any community.

The fundamental causes of infant mor-

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tality are mainly the result of four conditions: Poverty, ignorance, neglect and inherited disease. The social and economic conditions are and have always been such as to lead to a certain degree of poverty in all communities in all ages. This presents the two problems of doing away with poverty and of helping the poor while poverty exists. Thus poverty exerts its influence upon the life and growth of the child, especially during the last few months of intra-uterine life, and it should be considered a part of our work to keep nourished the pregnant mother as well as the new born child.

Hereditary influences are not many in causing disease, yet they are of the greatest importance. Syphilis is the one disease which should always be borne in mind in the poorly nourished and underdeveloped infant. The influence of alcoholic history in the parents, of the presence of tuberculosis in the family, and of the life of the mother during the last months of pregnancy, are to be traced in the imperfect physical and mental development of the new born babe.

We must get away from the idea that infant feeding means merely the giving of pure milk. This is but one of the many factors in a very broad field. Food is defined as that which sustains, nourishes and augments. With the infant it means the care of the mother during the fetal life of the child, that it may enter the world with a perfect development; it means that the infant shall not be deprived of its greatest birthright, mother's milk; it means that nature's food—sunlight and fresh air—shall be given in large quantities; it means that every environment of the growing child shall be clean and bright and pleasant, that a perfect body may be ready for a healthy mind.

There are three periods in the development of every child—three important periods in which conditions may arise that will influence largely the growth of the body. First, ante-natal; second, neo-natal, and, third, post-natal.

One must bear in mind that the life of the child does not date from its birth, but from its conception, and that this period of intra-uterine or ante-natal life is the period of foundation laying which must be of the most perfect nature in order to secure later the fully developed child.

It has been estimated that one-third of the recorded post-natal mortality is due to ante-natal causes and that one-half of the ante-natal causes are due to faulty or incomplete utero-gestation.

There are many factors which play a part in this ante-natal life and each of them is of great importance. They may be divided into two groups: First, those which cause premature births, and, second, those which cause a poorly developed child.

The causes for premature birth are almost entirely dependent upon the physical condition of the mother and upon the manner and the environments of her life during the last months of pregnancy. Rarely is it due to a pathological condition in the child itself. Syphilis and chronic nephritis or kidney trouble are the two diseases in the mother which lead most frequently to a premature birth of the child.

As to syphilis, it has been almost conclusively shown that the mother of a syphilitic child has syphilis herself. With the newer methods of treating this disease much more rapid cures and controls are made possible. Every mother who gives a history suggestive of syphilis should be examined and if the disease is found to be present intensive treatment based on modern methods should be begun at once. Salversan has a magical effect upon hereditary syphilis. The social worker should get a history of former pregnancies and where there have been several miscarriages, or the children have been born apparently normal but have died at an early age, the expectant mother should be taken to the clinic and have a blood test made to determine whether or not syphilis is present. Many children may thus be saved. The handling of the cases where there is a chronic kidney trouble presents more difficult problems and should be under the care of a physician who can advise as to diet and manner of living.

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Statistics show that the greatest number of premature births occur in cities and especially in those cities where the industrial life is most highly developed which offers employment to women. Certain occupations, especially those in which arsenic, lead or phosphorus are used, give rise to pathological conditions which terminate in an early birth of the infant. It is a clinical fact, as stated before, that the size of the child is largely influenced by the amount and character of the food taken and of the work done by the mother during the last months of pregnancy. Pregnant women engaged in hard physical labor should be encouraged to find easier work. Those who are poorly nourished, anemic, and in a low physical condition should be provided with the right kind of food. From an economical standpoint it is cheaper to feed the baby at this period than later. This opens up a new field for the milk station and I think that it is more important to give food to the baby during this ante-natal period than to wait until it is born.

The importance of breast feeding should be impressed upon the woman who expects to soon become a mother. She should be taught not only the great value of this nursing to the child but also be made to understand that she herself will be benefited and that there will be a more complete return to normal of all the organs. One cannot underestimate the value of the motherly love, the petting and the handling and fondling of the infant, all of which are more highly developed in the mother who nurses her child. Many mothers are unable to nurse their own children on account of the great pain which is associated with cracked nipples. This may be prevented by hardening the nipples before the birth of the infant by using alcohol applications.

It is well that social workers should know that it is at the time of birth that the infection of the eyes occurs which is called ophthalmia neonatorum and which usually leads to permanent blindness. Any condition of the eyes associated with the presence of pus should be considered to be of the most serious nature as it demands the most vigorous and immediate attention. Any infection about the umbilicus should also be attended to at once as many deaths occur from this cause.

The so-called diseases of children are in the main preventable diseases. In a way they may be divided into two classes—the infectious and contagious diseases and the intestinal or diarrheal diseases. Tuberculosis is perhaps the most important of the first group. This is a contagious and also a preventable disease, but just so long as it is handled in the manner which now prevails just so long shall we have a large number of innocent victims. It is not an hereditary disease but is in every case acquired. The high mortality in the meningeal, pulmonary and intestinal cases and the suffering and permanent crippling in the bone cases make tuberculosis a disease one of far reaching importance. The gospel of fresh air, cleanliness of body and of food, of the destruction of the sputum of tubercular patients and of the dangers of the kissing and fondling of children by afflicted persons is at present our chief hope in the fight against this scourge.

Mothers should be taught that while measles and whooping cough may not be very dangerous in children past the age of six years, that in the very young the mortality is high and that infants should not be heedlessly exposed to them ignorantly believing that it is a good thing for the child to have the disease and be through with it.

The curve of infant mortality is controlled largely by the intestinal diseases. The terms "summer complaint," "cholera infantum" and "infantile diarrhea" are all well understood by the laity as each summer the many organizations and the newspapers keep before the public the cry and needs of the little babe in its first life struggle. But it must not be thought of as a work limited to the summer months. It is a year round problem and until we can keep our organizations intact and at work the entire twelve months the work will be greatly handi-

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capped and never quite complete. And what shall be our line of attack and with what weapons shall we make our fight? Education of the mother by the social worker, the use of pure milk under the direction of trained physicians and the milk station as a center of activities present the best plan of campaign.

First of all the mother should be urged to nurse the baby until some absolute reason for weaning presents itself. The value of maternal nursing is best shown by statistics. Only one baby dies which is nursed at the breast where fifteen die which are taking milk from the bottle. Do not let the mother stop nursing until she has consulted a physician who can make a careful examination of the breast milk and who may be able to correct any error that he may find by regulating the life of the mother. And should it be found that weaning is necessary, how shall this be done and what will be the substitute food? The best method for weaning is by "mixed" feeding. Instead of taking the child away from the breast entirely one or more breast feedings are replaced by feedings of cow's milk which has been modified. It is best to begin this plan about the eighth or ninth month so that by the time the child is a year old it will have all of its feedings of cow's milk. If the baby is still nursing at the beginning of the hot summer months it is better to continue with the breast feedings during these months even though the child is twelve months old. Children should not be nursed until the middle of the second year as the breast milk is of little value and these children usually show some signs of rickets.

Milk is the best food for children up to the age of one year and all other food should be kept from them. There are many cases of intestinal trouble that may be traced to the custom of giving the six-months-old baby table food of all kinds. In this country cow's milk is the best and the cheapest food to replace mother's milk. Its greatest fault is that it is called milk, for most people consider it to be the same as mother's milk and use it accordingly. However the successful user of cow's milk as an infant food is the one who recognizes the fact that it is not and cannot be made the same as mother's milk. It must be handled as a separate and distinct food.

It is not the purpose of this paper to go into the finer scientific points of infant feeding but to point out a few of the things that will be of practical use to you as social workers so that you may be able to recognize in the history of the child the sources of error in the feeding. However, it must be remembered that with sick infants you cannot feed according to set rules. Each case must be studied separately to determine the disturbing factor in the feeding and this can be done only by careful observation.

The use of cow's milk presents three phases. 1st, cleanliness; 2nd, quality, and 3rd, quantity and frequency of feeding. The milk should come from a fairly large sized herd as the average percentage of the fat, proteid and sugar is more apt to be constant. Also any disturbance or sickness in any one cow will be less influential as a cause for intestinal disorder in the infant. All the cows should be tuberculin tested and the dairies should be free of infection from any of the contagious diseases, such as scarlet fever and typhoid fever. The milk should be kept on ice or at a low temperature from the time it is obtained until it is used by the baby, thus preventing the enormous reproduction of the bacteria and the formation of chemical products which may lead to diarrhea and intestinal disorders.

For the poor very simple and inexpensive ice boxes may be made. Two ordinary pine boxes are necessary, one within the other. Between these two is placed a layer of sawdust. Within the inner box a pail containing cold water or a small amount of ice and the milk bottles are placed. The lid to the box should be lined with several layers of newspapers.

There are three main elements in cow's milk—the fat, the carbohydrate or sugar and the proteid. And their percentage in whole milk from a herd is fairly constant. "Milk modification" means the varying of the percentage of

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any or all of these elements by the use of some diluent with the whole milk. The underlying principle of success of infant feeding is a thorough understanding of the chemistry and physiology of each of these elements and also the ability to correctly interpret the clinical symptoms and the finding in the stools.

There are two great groups of diarrheas in infants, the infectious type known as cholera infantum, and the irritative or fermental type which is frequently known as summer complaint. In the first or infectious type the trouble is due to a true bacterial infection of the lower or large bowel with an ulceration of the lining of the intestines. The baby is taken sick suddenly with vomiting and a high fever. There is considerable prostration and the baby loses weight rapidly. The stools are frequent and contain blood, mucus and at times small pieces of necrotic material. These cases progress very rapidly and unfortunately the prognosis is bad, the mortality being from 60 to 80 per cent. It is essential that treatment be started at once as a gain of a few hours may save the baby. Rectal irrigations with a silver nitrate solution as prescribed by the physician, stimulative and supportative medicines and the use of easily digested carbohydrate foods will give the best results.

The irritative type is not due to an infection of the intestinal walls but to the irritation of the intestines by undigested particles of food, as corn, nuts, large pieces of meat, etc., or by the action of fermentative products formed from the food which acts as poisons and which may be absorbed by the blood and act upon other organs. In these cases the prognosis is good if we can determine the elements in the food which are the causative factors in the trouble. Here the clinical picture is somewhat different from that found in the infectious type. The fever is not so high; there is not the marked prostration nor is the course of the disease so rapid and alarming. It is in these cases that a thorough knowledge of the handling of cow's milk is so essential for successful treatment. This leads us into the study of the different elements of the milk and of the symptoms of indigestion that each will produce and these we will now describe.

The fat element is perhaps the most frequent disturber and the clinical symptoms and signs are many. It may cause vomiting, diarrhea, constipation or an acid intoxication in which the muscles become flabby and the skin assumes a pale pasty condition. In the stools are to be found the small or large soft curds composed of fatty acid crystals. The sugar is not very frequently a cause of trouble but with an excess of this element we have the presence of colic and of frequent foul, frothy stools which are highly acid and thus produce a scalding of the buttocks. The promiscuous use of sugar to sweeten all the foods and the drinking water should be discouraged. The proteid element gives the least trouble of any but an excess may lead to vomiting and to a diarrhea which is characterized by persistent griping and the presence of large hard bean-like curds and by a rancid odor. This in a general way gives a brief outline of the disturbances that may arise in bottle feeding. And it is easy to understand that it is necessary to treat each case as an individual and not to try to feed according to a set lot of rules which are determined by the age of the child.

The quantity of the food and the frequency of the feedings are also points to be borne in mind. It is the common custom among certain classes to feed the baby whenever it cries, mistaking the cry of an indigestion for that of hunger. In attempting to give relief by giving more food they are simply adding more fuel to the fire. The quantity of the food varies with the age of the child but a good working rule is to give one ounce of milk mixture for each month of age, not exceeding eight ounces at one feeding.

The interval between the feedings should be longer with the use of cow's milk than when breast milk is taken. This is due to the fact that the stomach is not emptied as quickly with the former as the latter. During the first two months the feedings should be every three hours and during the third and

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fourth months every four hours and after that every four hours. Personally, I use the four-hour interval from birth. During the last hour of the interval water may be given in any quantity. This will often stop crying and restlessness. The training of the child as to the time of the feedings is entirely in the hands of the mother. If the baby is sleeping at the time the feeding is due then wake it up. As a rule they go back to sleep at once.

I have not much sympathy for the parents who are kept awake at night by the crying child. That it is a matter of training is best shown in the hospitals for babies where the feedings come at regular hours. Night crying is an almost unknown thing. These little creatures are much wiser than we give them credit for being. If they want something there is an inherent instinct which tells them to cry for it, but if they do not get it then another instinct tells them that this method won't do and they stop crying. But how often it happens that a tired mother or an irritable father or a fond relative would rather let the child have or do something which is not good for it than to see or hear it cry. This is especially true at night. But night feeding is, in a child over five months old, not a necessity but a habit, a habit of poor training.

I shall now review in a brief way some of the things which may come up in any case of feeding, giving if possible a reason for them and also some method of treatment. Drugs play but a small part in the cure of most of the diseases of infancy and childhood. What we need most is the exercise of a lot of good common sense and a few old-fashioned home remedies. I hope to see the day come when the birthday of the infant will be remembered by the relatives and friends with the presentation of a silver bottle for the storing of large quantities of castor oil and that the rubber nipples, the ivory rings and be-ribboned "passifier," an invention of the devil, will be as much of a faux paux in social etiquette as it would be for a young man to present his best girl with a silver napkin ring on the day she graduates from Mrs. Byrn-Vassar-Cliffs' finishing school. Castor oil is the drug par excellence, the panacea for most aches and pains of the infant. "When in doubt give castor oil" should be the first rule in the feeding game. And do not be afraid to give too much. A teaspoonful is enough for a child up to two years of age but in order to make allowances for that which goes on the outside and that which sticks to the spoon use a tablespoon. Teach the mothers that many days of worry and that many serious cases may be prevented if they will give full doses of castor oil and stop all food for twenty-four hours just as soon as the baby shows signs of an intestinal indigestion by the presence of green mucous stools. Water can be given during this period and as a rule the infants are perfectly satisfied with this restricted diet. If this does not clear up the indigestion then a physician should be consulted.

Convulsions are not infrequent in young children being due in part to the unstable condition of the central nervous system. One of the most frequent causes is an intestinal or gastric indigestion. Give the infant a dose of castor oil and also an enema. With the older children try to empty the stomach by the use of some emetic as a little hot mustard water or by gagging the child. The convulsions may be controlled by wrapping the child in a hot wet blanket, being careful not to burn the skin. If there is considerable convulsive movement of the mouth slip a piece of folded cloth between the teeth to prevent damage being done to the tongue. Vomiting may be due to too large a quantity of milk or to too frequent feeding. Too much fat in the milk will also cause this symptom. After each feeding the baby should be placed in its crib and left alone. Rocking or bouncing a baby after a meal is harmful and may be the cause of vomiting.

Crying may be due to hunger, pain or temper. The former will be eliminated if the crying stops after giving a feeding but it must be borne in mind that

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this is the least likely cause, and that often in cases of indigestion that the crying will be temporarily stopped by the giving of a bottle only to begin again within a short time.

Crying from pain is marked by its sharpness and by the restlessness of the baby. It is most frequently due to colic or gas in the bowels. The use of a rectal injection and the giving of a dose of castor oil and the application of hot cloths to the abdomen will in most all cases give relief. Never make use of morphine in any form, as paregoric or any of the patent soothing syrups. It is not only unnecessary but very dangerous, as children are very susceptible to opium in any form, and a very small dose may be fatal. The "paregoric habit" is readily formed in children, and the dose is rapidly increased.

Constipation is one of the most troublesome features in infant work. In many of the cases it is due to too much fat in the food and here we have a small, rather light colored stool. Rickets with its associated paresis of the bowel muscles is also a factor. The child should be trained at the end of the fifth month to use the chair and a regular time for this habit should be in the daily schedule. It is as important to the health of the child that the bowels should move as it is that the food be given. One is as much a habit as the other.

In the past, practically all the work and all the efforts in the reduction of infant mortality have been directed along the lines of pure milk given in a scientific manner. Nevertheless, each summer during the hot months we have seen the curve of the infant mortality steadily rise in spite of all our labors. Pure milk and careful feeding have failed to fulfill our expectations. The effect of the heat upon the milk and the chemical and bacteriological changes in the milk have been only a part of the damage done by the high temperature. It is necessary to recognize the ill effect produced upon the child itself by this increase in the temperature.

That the digestive organs are affected by the external temperature has been shown by experiment and by a study of the prevalence of intestinal disorders in the tenement districts in relation to the different floors. The lowest rate is found in the basement where despite the dampness the temperature is comparatively low. It then rises at the level of the first floor due to the heat reflected from the streets and then falls again as we go to higher floors until we come to the top floor, where the effect of the heat from the roof is felt and the rate becomes higher. It has also been shown that a long continued elevation of heat is worse than a short or broken one.

The days with cool nights are of the greatest benefit to the infant. And how shall we combat this feature of hot days and hot nights. During the daytime the child should be as lightly clad as possible. The heavy, thick and bulky napkins should be replaced by those of lighter material; the child should be bathed or placed in a cool pack at frequent intervals; during the twilight the infant should be placed in the open air and at night should sleep by an open window, or even better on the porch. Frequent excursions into the parks and the woods should be taken and every effort made to keep the child's skin cool.

In conclusion, I desire to again emphasize the close relationship that must exist between the social worker and the physician. The latter is to a large extent dependent upon the true history of the life and the environments of the child which are so important to a correct understanding of the physical condition of the child. And the social worker in turn is dependent upon the physician for advice as to the best methods of treatment and of correction of the many errors in the life and development of the infant. That there may be a closer working relationship between the social worker and the physician, so that each may profit by the knowledge of the other, has been the main incentive for the writing of this paper.

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THE DOCTOR'S DREAM AND ITS RELATION TO THE PUBLIC HEALTH LAWS AND DISEASE PREVENTION.*

By A. W. Brayton, M.A., M.D., Indianapolis.

The "Dreamer" in this story told by Dr. Victor Vaughan is one Dr. Smith, a general practitioner in one of the largest cities of the Northwest. He has spent a great deal of time, money and energy in getting an education. He is a graduate of the University literary department, and then in medicine. He has studied medicine not only in this country, but abroad. He has been practicing medicine about thirty years; he does not claim to be wise in all things, but he is an all-round practitioner.

One day last November, after breakfast Dr. Smith went to his office as usual. The first patient that presented himself was Tom Williams. Tom is the son of Judge Williams, who long years ago was the doctor's room-mate at college. Tom has been off to school, belonging to one of the rather "fast" fraternities at his college. He has just graduated and come back to the town and expects to help his father. The doctor examines him and tells him that he is a walking culture medium of spirochetes; that he can not drink a glass of water at his father's table without the possibility of infecting his mother, his father, his brother or his sister; that at best two years of constant treatment is necessary to place him in normal condition again.

The next patient the doctor sees after dismissing Tom is a young lady, the daughter of another one of the doctor's friends. She has a peculiar sore on her lip which the doctor diagnoses as a chancre, contracted from her fiancee, a young man who occupies an important position in church and social life.

The next patient is another old friend of the doctor, Mr. Gus Holbrook. He has been an honest upright man, successful in business. His wife is a good provider, and Mr. Holbrook likes the good things of the table. He has noticed for some years that he had rather extraordinary thirst, and the doctor at once recognized it as an advanced and hopeless case of diabetes.

The next patient is a woman with a cancerous tumor on her breast; a major operation is necessary as the auxiliary glands are involved, and even a major operation can only prolong her life.

Then he has two or three cases of advanced tuberculosis. Some of these have already been to brother practitioners and have been told there was nothing the matter with them but a bronchitis.

After seeing a lot of patients in addition to these, Dr. Smith's office hours close, and he goes in his runabout down to the city hospital. Here is a ward with thirty typhoid patients—some in the delirium—all under the influence of a fever which increases in intensity day by day. And why are they here? Because a manufacturing establishment acting contrary to the law in order to save a lot of expense, ran its sewer into the river just above the water supply. In another room, the lying-in room, there are several girls, the victims of drinking halls furnished with alcoves. The doctor recalls the fact that time will relieve them of their physical burdens, but that society will not relieve them of the burden upon their lives.

In a padded cell is a man suffering from delirium tremens, from whiskey drank in a gilded saloon owned by one of the aldermen of the city. In another padded cell is a cocaine fiend who has purchased his drug at the drug store of another prominent politician.

In his rounds making his calls that day the doctor meets with many things which tend to cast over him a gloom which is not altogether due to the gray clouds that hang in the November sky. Here is a mother with a little boy nestling in her lap. He has had a sore throat for three

*Read in the Christian Church at Spencer, to the public, school teachers, students and citizens on Disease Prevention Day, Oct. 2, 1914.

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days, and she has been treating it with drastic remedies. Examination shows diphtheritic membrane, and the doctor knows that not even the magic curative action of diptheritic antitoxin can save the child. He gives preventive doses to the other children, but knows it is too late to save this one.

In another house the condition is scarcely less distressing. Some time last summer, while the children were at play upon the street, a mongrel cur came along and snapped at one of the children. It was only a scratch; nobody paid any attention to it, and the dog disappeared—and now the child is dying from hydrophobia.

Now, I do not mean to say that Dr. Smith in his rounds that day did not see things which were pleasant. It is given to all of us to suffer more or less, and there is nobody who appreciates more fully than the general practitioner the innate goodness that naturally wells up from the great heart of humanity in the sick room. We see children denying themselves pleasures in order to take care of their parents; we see parents denying themselves the necessities of life in order to care for their children.

On this splendid morning of which I speak, Dr. Smith had met with a specially sad thing. Two years ago he had become estranged from one of his most intimate families. Dr. Smith had attended at the birth of the five children in this family. One of the boys bore his name, and there could not be a birthday in that house, at least it was not thought a success, unless Dr. Smith was present. Being unmarried and childless himself, he felt a special interest in these children which he had brought into the world and carried through the accidents and sicknesses of infancy and childhood. Two years ago Dr. Smith learned that the eldest of these children, Ethel, a girl of eighteen or nineteen, was engaged to a young man whom he knew to be syphilitic and a physical wreck. In a spirit of altruism he went to the father and mother and plead with them to save their daughter—not his. He was bitterly denounced and the one most bitter in denouncing him for his interference was the mother. Now suppose you were to undertake such a thing under such circumstances, would you not expect to be denounced? The parents said: "We know that Tom has sown his 'wild oats,' but he is wealthy, and well connected, and will make Ethel a good husband." This happened two years ago and this morning Ethel, having long regretted her marriage, asked that her old friend, Dr. Smith, should be sent for, and that morning he had delivered her of a withered syphilitic child.

Now this is a story. In no case have all these things happened to one doctor in one day. But all these things have happened to many doctors in the course of a year.

Now on this evening, after such a day's experience, Dr. Smith was sitting before his grate fire, tired in mind and body, when he fell asleep. And in his sleep he had a wonderful dream. Again it was morning; his office hour came around, and he came into his office. His first patient is a young man who says, "I am thinking of proposing marriage to Mary Jones. Before I do so I want to know that I am sound—sound as a dollar." The doctor put him through as thorough an examination as if he were applying for life insurance of $100,000.

The next patient is a young girl who says, "Tom Smith wants me to marry him, and I want to know whether I am all right physically or not."

The next patient is a woman with a tiny nodule on her breast; a little bit is examined under the microscope; carcinoma is diagnosed; a little local anesthesia given and the cancerous tissue is removed. But this early diagnosis does not occur once in a hundred cases of cancer of the breast.

The next is a man who is rather corpulent, about fifty years of age; he feels rather logy. Examination shows a mild glycosuria; a slight change in diet and he may recover and live to be eighty.

Another man has noticed that he is a little irritable; he has a slightly heightened blood pressure; change in method

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of living, and Bright's disease may be escaped. And the doctor remembers that there are 90,000 deaths in the United States each year from Bright's disease alone, and that 70,000 of these deaths could be prevented or at least postponed many years if the doctors could examine and detect the trouble in time.

So the doctor in his dream is going through this kind of practice, watching people trying to prevent illness, and he enjoys it. While he is busy in his dream with this kind of practice, he is wakened by the ring of the telephone at his elbow. He picks up the receiver; someone says: "Come, come quick, to Pat Ryan's saloon at the corner of Second and Myrtle. Bring your surgical instruments; there has been a cutting affray and the devil is to pay." And the doctor drops his dreamland practice. The smiles flitting over his face are now replaced by the wrinkles of care, and he goes forth from the land of dreams into the land of reality and takes up the burden of life again, and only says: "It might have been."

Now let us turn to the national relations of disease prevention.

In the 14th century, five hundred years ago, the black plague in four short years killed one-fourth of the inhabitants of the then known world. And for three hundred years thereafter, as fast as new people grew up, it again swept thousands out of existence. The average extent of life at that time was twenty years. In 1665 the last epidemic of black plague swept over England, and the great fire which destroyed London a year later killed the rats which transmitted the plague, and so far the civilized world has known Bubonic plague no more, except now and then, although even today it threatens entrance into our country through New Orleans. After the great fire the death rate in London (and I mention London because it is the only city in the world where there were any vital statistics kept), the death rate was seventy per thousand. Out of every thousand people seventy died each year. Sometimes the death rate ran much higher, depending upon epidemics of smallpox and typhus fever.

In 1796 a country doctor, Edward Jenner by name, having heard it rumored that one who has cowpox could not have smallpox, inoculated a boy with cowpox and some weeks later inoculated the same boy with smallpox, and the boy had no sign of the disease. During the next five years Edward Jenner and his assistants inoculated more than five thousand people, first with cowpox and then with smallpox and in no case did smallpox take.

You have heard of antivivisectionists. have you not? They come to me and say, "You are experimenting with guinea pigs, and you are killing rats." Remember that Edward Jenner and his associates carried out an experiment involving five thousand people—not rats, not guinea pigs—people. The historian, McCauley, says that before Edward Jenner's discovery it was unusual to meet on the streets of London one whose face was not marred with smallpox. Now each one of you in this audience turn and look into the face of your wife, your sister, your mother or your daughter. Why is it not marked with smallpox? Because Edward Jenner discovered vaccination and smallpox has practically been eliminated. But still today, after more than one hundred years, the State of Indiana spends thousands of dollars every year in taking care of a lot of fools who do not know enough to be vaccinated.

The first life statistics of the United States that have any value at all were those of 1880. In 1880 the death rate in the United States was practically twenty per thousand; today it is a little less than fourteen. In 1880 fifty-four children out of every one hundred thousand people of the United States died every year from scarlet fever; today the death rate from scarlet fever is one-ninth of what it was in 1880. The death rate from tuberculosis has been decreased fifty-four per cent. in this country over what it was in 1880. The death rate from typhoid fever and from diphtheria and other infectious diseases has been

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reduced likewise. In 1880 the average human life in the United States was between thirty-three and thirty-five years; today it is fifty years. We sometimes see the statement that the increase in the average age has been accomplished by reducing the infantile mortality. It is not true. At every age between the first and fiftieth year the average life has been increased. The man of fifty today is younger, so far as effectiveness is concerned, than his father was at thirty. Nay, more than that, my friends. If the people of the United States were tomorrow to put into effect the principles of sanitation which the doctors and scientists have written out, within a few years the average life in Indiana, and in the United States would be sixty-five years—sixty-five years.

So much as to the relation of the people and the physicians to the prevention of disease and the prolongation of human life. We see the importance of vital statistics as portrayed by Dr. Vaughan. Dr. Vaughan has also said that the State of Indiana, under the leadership of Dr. John N. Hurty, who for nearly twenty years has been the secretary of the State Health Board, has done more than any other single influence to secure good vital statistics and enlarge the area of disease reporting, and of exact and prompt reports of births and deaths. Dr. Shrady, the eminent editor of the New York Medical Record, designated health boards as "Benignant Autocracies." For against epidemic diseases health officials only can successfully contend, and for efficient work the health boards and their physicians must be backed by the entire police power of the State.

In times of pestilence in towns and schools—even in the sanctity of the home—that formless, intangible, but vital thing, the police power of the State, must go on and must be obeyed by people and physicians alike. No written statute defines and confines the health powers and they must be obeyed. Judicial determinations are always in their favor. No court has said how far they may go—although all courts have said they may go. Behind all that courts and conventions decide and produce is the right and duty of the State to protect its life, and a State without such a right is inconceivable. Its police power once gone, it is no longer a political entity. Its health laws must be obeyed.

For the evils here portrayed have been alleviated or removed by the obeying of health laws. Therefore:

"Keep ye the Law—be swift in all obedience,
Clear the land of evil; drive the road and bridge the ford.
Make ye sure to each his own,
That he reap what he has sown,
By the peace among our peoples let men know we serve the Lord."

Keep ye the law is the word of Kipling to the English people, and his clarion call was equal in influence to one-sixth of the English parliament.

But Kipling only repeated the Old Testament scripture—"For thus saith the Lord unto the house of Israel, seek ye me and ye shall live." And the Old Testament is everywhere a preparation and anticipation of the New Testament:

"Still stands the ancient sacrifice,
An humble and a contrite heart."

These words of the prophet Amos, "Seek ye me and ye shall live," had the promise of long life as a reward for obedience to law. The promise of long life met Abraham at his first calling, and was repeated in the ears of all the patriarchs, and in all the various conditions of the ever-changing Jewish history. Be obedient and ye shall live; break the laws and ye shall die.

Men of today may distrust the great truth and the reality of this old Jewish motive —that there is a direct connection between the length of men's lives and the faithful keeping of the laws of Nature, which in the last analysis are the same as the laws of God. In the Doctor's dream the connection is traced with fearful clearness between disease and vice, showing how the evils which

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men assign to chance or fate are really due to the violation of natural laws—the conflict between the welfare of the physical body and the moralities, such as sobriety, purity and peace. In all these disease-prevention efforts in which our modern spirit is so busy, we are really gathering a new and mighty emphasis into the old words of God to the house of Israel—"Seek me and ye shall live and have length of days."

The belief is growing stronger and stronger even in this shock of European war and the apparent toppling over and destruction of modern civilization—that moral character and physical well being are directly related to each other. Our boasted civilization may appear in these dark days as only an ameliorated barbarism, but it is as true now as when Garfield asserted in New York City following the assassination of President Lincoln, "God still reigns and the government at Washington still lives." "God's in His heaven and all's right with the world."

The end of all political struggles is to establish morality as the basis of all legislation. Monarchies and democracies; constitutions, written or unwritten, are only the means to this end. Morality is the object of all government. We want a state of things in our individual hearts, in our neighborhoods, and cities, in our State of Indiana and in all this great country of ours—in this "great, intelligent, but sensual and avaricious America," in which crime will not pay.

Lincoln was assassinated on the night of April 14, 1865, and died on the following day. Four days later Emerson, in the funeral services held in Concord meeting house, concluded his address by suggesting that "in the unfolding of the web of history this heroic deliverer was no longer needed to serve and guide us, and that what remained to be done required new and uncommitted hands—a new spirit born out of the ashes of the war, and that Heaven, wishing to show the world a completed benefactor should make Lincoln serve his country even more by his death than by his life."

"For nations, like kings, are not good by facility and complaisance. The kindness of kings consists in justice and strength. Easy good nature has been the dangerous foible of the republic, and it was necessary that its enemies should outrage it and drive us to unwonted firmness to secure the salvation of this country in the coming years.

The ancients (Greeks and Romans) believed in a serene and beautiful genius which ruled in the affairs of nations, which, with a slow but stern justice, carried forward the fortunes of chosen houses, weeding out single offenders or offending families, and securing at last a firm prosperity of these favorites of Heaven. We are familiar with several of these families as they have appeared and crossed the stage of European history.

The Stuart family, presiding over the destinies of Scotland and England, from Robert Bruce to the times of Henry VIII and Elizabeth, down to the present King George of England—the "Georgie" quoted in the famous letters of the "Nicky," "Willie" and "Georgie" correspondence of two months ago. The Guelphs from the days of Dante through the princely houses of Brunswick and Hanover to Victoria and Tennyson, are still dominant in the English nation.

Every morning paper tells us of the decadent Hapsburg family, whose descendants for over a thousand years directed the fortunes of the Holy Roman Empire, which was made the common literary property of the cultured world through the charming pages of our late English ambassador, the Honorable James Bryce. For centuries the Hapsburgs have controlled the destinies of Austria and Spain, and even for a brief period of two years at the close of our Civil War, supported the ill-fated Maximilian in our torn and bleeding sister Republic of Mexico.

For over five hundred years the Hohenzollerns have furnished the kings and emperors of Brandenburg and Prussia, and now one of the mightiest of their race in both peace and war, the Emperor Wilhelm has for forty years

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ruled over united Germany and now has his iron hand laid on the throat of European civilization.

"But this was too narrow a view of the eternal Nemesis," continues Emerson. "She confides herself not to any single family or race. Over and above all of these kingly houses there is a serene Providence which rules the fate of nations, which takes but little account of time, cares little for any one generation, family or race; makes no account of disasters like the present European war, but conquers alike by what we call either defeat or victory; a Providence which thrusts aside every enemy and obstruction, crushes everything that is immoral as inhuman, and obtains the ultimate triumph of the best race or nation by the sacrifice of everything which resists the moral laws of the world."

"This Diviine Providence makes its own instruments; it creates the man needed for the time; it trains him in poverty, inspires his genius, and arms him for his task. It has given every race its own talent and destiny, and ordains that only that race that combines perfectly the virtues of all shall endure."

I have in this, the closing part of my contribution to the advancement of disease prevention, dealt only with the larger conditions of human environment and community association, and I am brought back again to the old text of the prophets and the poets—Thus saith the Lord, seek Me and ye shall live. Keep ye the law, be swift in all obedience.

We are all living under a fixed national government and state laws, and nearly half of all of our people are also under town and city ordinances pertaining to disease prevention. If we put ourselves into the attitude of obedience and sympathy with these laws, even to every little statute on the books, they will become the ally of our living. But if we are obstinate and wilful, even the slightest laws and smallest neighborhood opinions and conventions will be up in arms against us and will not rest until we are hunted down and punished. For the strong wind of righteousness is still blowing across the world, and if we walk with it, it will help us; but if we, with obstinate minds and obdurate hearts, walk against it, every little zephyr will become our enemy and buffet us.

What makes the difference between the well esteemed citizen and public servant we honor, and the outcast, the vagabond and the pot-house politicians and grafters who have, or should have, every honest man's contempt, or at least his pity? It is because the good man has obeyed and worked with the law all his life, and the other has worked against the law all his life. When we reflect upon how clear and positive all this is, we can hear all the laws speaking behind us from the beginning to the present time—first, the solemn tones of the fundamental moral law, the law of right and wrong; and then the chorus of its children; all those special statutes to which the moral law has given birth. All are calling together in our ears this day, devoted to the regeneration and preservation of life, both physical and spiritual, with one voice, saying, "Seek Me and ye shall live; understand Me and obey Me, for only in a law-governed world can men's lives come to their best results."

THE DETECTION AND PREVENTION OF CANCER.*

By H. K. Bonn, M. D., Indianapolis, Ind.

In discussing the subject of the detection and prevention of cancer, I shall try to present to you a few facts for your consideration concerning this subject minus the medical terms and technical phrases, as much as possible.

I desire to state at the outset that the cause of cancer is not definitely known and that this fact is not necessarily of primary importance in so far as the de-

*Read before the Bethany Assembly, Bethany Park, Ind., July 25, 1914.

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tection and prevention of the disease is concerned. What is of importance is this; there is an absolute cure for cancer, namely, the early use of the surgeon's knife, but this remedy must be used early, in fact, before any growth has seemingly become a cancer.

To illustrate my last statement, I will say on good authority (Mayo Clinic), that eighty-five per cent. of all tumors in women's breasts are cancerous to begin with or more properly these tumors have an inherent malignant tendency. One-half of the remaining fifteen per cent. of breast tumors become malignant. Therefore, the early removal of all breast tumors, that is, before they actually become cancerous, would mean a considerable decrease in the mortality and a corresponding increase in the number of cures of breast cancer.

There are two kinds of malignant growths, one known as carcinoma, which attacks the female breast, in particular, and the womb, stomach and intestines, lips, jaws and throat and which occurs usually after the age of forty. This type of cancer can also be divided into two forms as related to the consistency of the tumor. The hard variety is called scirrhus and is the more common form, constituting seventy per cent. of all forms of cancer. The second or soft type of cancer is known as the medullary form (Lexer).

The second malignant type of tumor is known as sarcoma. These growths are prone to affect the soft tissues of the neck and thigh but may affect almost any tissue in the body such as bones, cheeks, skull, and the hands. These tumors commonly occur in persons under forty years of age. This type of tumor is composed of binding or connective tissue and is prone to grow very rapidly.

Both of these types of tumor are termed malignant because they have the inherent power to reproduce themselves in other parts of the body, but both of these tumors are localized at the beginning of their existence and this is of the utmost importance because early removal is usually absolute cure.

I shall consider only the first type of cancer, namely, carcinoma, as to the symptoms which are produced both early and late and the prevention of this disease.

There is no absolute age rule concerning cancer or governing it, and the disease may and does occur under forty years of age. In other words, cancer or carcinoma may and does occur in the young woman and sarcoma may and does occur in the person over forty.

I will first consider tumors and cancer of the female breast. Time was and perhaps this is true even today when a woman under forty years of age with a small lump in her breast consulted her doctor and was told to watch the growth carefully to see whether it was growing and to report to a doctor for examination frequently, but that at the present time the lump was not cancer. The patient, reassured by the statement that she was not suffering from cancer, usually failed to return for quite some time, frequently years. In fact, quite commonly she did not return to her doctor for examination until the growth had developed into full-blown inoperable cancer. The diagnosis by this time was easily made.

Another woman would give a cancer history about as follows: She discovers that there is a lump in one of her breasts, usually during the act of washing herself. From that time on she takes the most careful precautions so that no one else learns of the presence of this growth. Many times has the entire breast been eaten away by cancer before a member of the immediate family even suspicioned the existence of such a condition.

The detection of cancer should be made before such a condition as described obtains, that is, a pre-cancerous or before cancer stage should be diagnosed, because the prevention of cancer consists in the removal of the growth before cancer has actually occurred.

I will illustrate the transition of normal breast tissue into actual cancer by the method of McCarty of Mayo's. This method, in my opinion, is the most prac-

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tical way of telling cancer under the microscope. I desire to show this transition in order that you may fully understand the symptoms and treatment of breast cancer in their relation to the detection and prevention of the disease. McCarty has divided, arbitrarily, the stages of cancer into three general divisions. He defines these stages as primary, secondary and tertiary hyperplasia, or outgrowths or rabid overgrowth.

McCarty in illustrating these three stages of overgrowth takes a circle having its line of circumference intact. Inside the circle are arranged two layers of cells, one superimposed upon the other but all cells intact and unbroken. This represents the stage of primary overgrowth and is not cancer.

The second stage is represented by another circle, with an intact line of circumference and the usual two layers of cells. But these two layers of cells have become separated at one or two points and have become heaped up in small piles of cells due to overgrowth. This stage is called secondary hyperplasia or rather cancer with a question mark.

The final or third stage shows a circle, but the cells are heaped up, the line of circumference is broken at several points and the cells are invading the surrounding tissues. This is typical cancer.

Any woman thirty years of age or over who has a lump in either breast should be observed each week and if the tumor shows any signs of growth in a month, the tumor should be excised and a microscopical examination of the tumor made at once. In fact, the radical procedure, which in the long run would be most conservative, would be the immediate removal of any breast tumor with an immediate microscopical examination to determine its character. If a tumor shows any evidence of malignancy, the breast should be removed within a week, the extent of the operation to be determined at that time.

It is a compartively simple and easy matter to remove small nodules from the breast under local anesthesia using novocaine without any pain, and ordinarily, there is only a slight discomfort following the removal of such a tumor.

As regards the patient who comes with the history of a mass in the breast which has begun to grow out lately, say within two or three months, the entire breast should be removed under a general anesthetic and an examination of this tumor, if any doubt exists as to its character, should be made during the course of the operation by what is known as the frozen section. Since this procedure, namely, the making of a frozen section, occupies only fifteen minutes, the question as to the presence of cancer can possibly be answered and the operation made more extensive or completed, depending upon the diagnosis of the tumor.

This brings me to the point as to the value of a frozen section, and I bring this point up only to show you one method of cancer determination. By a frozen section is meant the following procedure: A bit of the excised tumor is taken, preferably from the most suspicious looking portion of the growth and frozen by an ether spray. It is next cut into very thin pieces after it has been hardened and placed in a paraffine block; then stained and finally examined under the microscope. We have held that the fallacy of this method of cancer determination, and there is considerable room for fallacy, lies in the fact that while the piece of tissue used in the examination may not be cancerous, another portion of the tumor which was not examined may be cancerous.

By the logic of the preceding paragraph, it becomes a certainty that in order to judge the nature and character of any growth, the surgeon must be able, to a certain degree, to tell by the look and feel of the tissues whether the patient has cancer and as to how extensive the operation must be in order to prevent recurrence of the disease.

Cancer of the breast forms other growths called metastases by extension along five or six different paths from the breast. These paths are by way of minute channels and glands, known by the name of lymph streams. One chan-

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nel, for instance, runs toward the shoulder, another towards the neck and another towards the armpit, still another of vast importance in the young woman follows the course of an artery and exists in the form of a duct. This duct is open in the woman under thirty and closed in a woman forty years old. The fact that cancer travels along this duct in the young woman and forms other external cancers very quickly is the reason that cancer of the breast in the young girl, although comparatively rare, is invariably fatal.

To illustrate several points as regards cancer of the breast, I shall quote a few typical cases that I have observed.

Recently a woman sixty-five years of age was referred to Dr. Eastman with half of one breast gone, removed by the action of an arsenic paste applied with the idea of eradicating the cancer. Even at the time this patient presented herself the breast was fairly movable (ordinarily a good sign) and therefore at the insistent solicitation of the patient the breast and glands were removed, the operation being very extensive. However, during the course of the operation it was found that the cancer had almost riddled the patient. In this case the patient had been counseled by her friends not to go to her doctor since he would, in all probability, advise an operation. Ultimately, she did go to her doctor and he promptly informed her that any chance of cure rested in an immediate operation. The operation was declined at this time and she then consulted a cancer quack who at once applied an arsenic paste, saying that it would absolutely eradicate the cancer. This woman has lost her life absolutely through her delay of operation.

On the other hand, there are perhaps a dozen cases which I could cite which have been operated at the Hospital when the lump in the breast was the size of a hazelnut and the growth only doubtful in character, yet the entire breast was sacrificed and the patient has remained free from recurrence for at least five years. One case in particular which I observed was that of a woman of thirty who had both breasts removed because of a small nodule being present in each. By making a number of microscopical sections a very small tumor was discovered in each breast. One of these nodules proved to be cancer, the other was noncancerous. This woman has been free from recurrence for six years. The early operation is typified by the case of Mrs. K—, who was sent to Dr. Eastman for operation for possible cancer. The diagnosis was doubtful as regarded malignancy, but since this woman had had one breast removed five years before she herself preferred to have the other breast removed. The diagnosis before operation leaned toward a benign gland tumor.

During the illness of Dr. Eastman, I removed this breast. Upon examining the tumor immediately after its removal I was unable to find any frank evidence of cancer, although the growth looked a trifle suspicious. However, when I found a nodule the size of a hazelnut close to the large artery, I felt that this woman should have a radical operation and this I made. Subsequent microscopical examination of the breast tumor and nodules revealed the fact that the disease was not cancerous but was a benign inflammatory disease (secondary overgrowth). This woman, of course, is perfectly safe as regards breast tumor, but this condition of chronic cystic inflammation of the breast which was present might easily have progressed to cancer and, in fact, frequently does. We are of the opinion that this chronic inflammation of the breast is the precursor of cancer only in so much as any chronic irritation may be the starting point for cancer at any situation in the body.

One thing I particularly desire to call your attention to: It may be stated without fear of contradiction that the breast is the only organ in the body where a single blow or trauma, such as, for instance, running against a piece of furniture, can be the sole and absolute starting point for cancer. (Murphy.)

All other organs must have chronic, mild irritation for a prolonged period of

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time to induce cancer. (Deutsche Medizinische Wochenschrift.)

As a final example of an unusually pliable and cautious woman, I will relate the history of a dispensary patient of mine. Mrs. S—, age thirty-one, was referred to the Gynecological Clinic at the Indiana University School of Medicine, and came under my care in this department. She was sent to this clinic because of an afternoon temperature and an inflamamtory mass in the left pelvis. This patient was running a temperature of 100 to 101 degrees in the afternoon and her lungs, on being examined by a competent man, were positive for tuberculosis. Two skin tests for tuberculosis were positive.

This patient was referred to this special clinic to see if there was any tuberculous process in the pelvis or abdomen. This woman also had a decided goitre. Before leaving the clinic she asked me to look at her left breast in which she had noted a tender nodule for two weeks. On examination I found a small tender nodule in the outer lower quadrant of the breast and advised her to allow me to remove it at once under local anesthesia. To this she readily consented without further parley, and I am frank to say, much to my surprise, since usually women are dilatory concerning even so small a surgical procedure as this. I removed the tumor completely and it proved to be a simple fibrous and gland tumor, as I had surmised, the age of the patient and the exquisite pain of the tumor, giving the clue for the correct diagnosis.

Yet I am quite certain in my own mind that this woman would in all likelihood develop cancer in this growth within the next fifteen years. I subsequently learned from her that her readiness to part with her tumor was due to the fact that her next door neighbor had died with cancer.

The facts concerning cancer of the breast that I wish to leave with you are these: First, cancer of the breast is curable by the knife absolutely, but only in the earliest stages. It is doubtful whether operation or radium or any of the radium derivatives, such as mesothorium, are capable of curing cancer which has progressed to the point where diagnosis is easy. When symptoms such as retraction of the nipple and immovable breast tumor, discharge of any nature from the nipple and loss of weight are present, it is usually too late for cure; second, a woman over thirty years of age should report to her doctor twice a year for examination of her breasts; third, any lump in the breast should be removed at once and examined microscopically. The breast should then be dealt with according to the gross and microscopical findings. Never allow anyone to apply a paste, particularly an arsenic paste, to a breast tumor; fourth, a woman should examine her own breasts once a month to note if there are present any masses.

The observance of the four rules that I have outlined will undoubtedly conduce to an early diagnosis of breast tumors, a prompt operation will follow, and a decrease of breast mortality will most certainly occur.

The detection of cancer of the uterus or womb before it has become frank cancer is sometimes very difficult, depending upon several different factors. Some of these modifying factors are as follows: the anatomical location of the cancer, that is, whether it is in the neck or body of the womb and the type of cancer as regards its cellular composition. Again where the cancer is associated with some other condition, such as a fibroid tumor of the uterus, or where the cancer is really the result of a degeneration of such a tumor, the diagnosis becomes extremely difficult. Thus, for instance, a cancerous nodule may be located close to the membrane which lines the canal of the womb and yet this same uterus may have a fibroid tumor also present, the combination of the two conditions making an exact diagnosis almost impossible.

The anatomical site of the cancer has much to do with the ultimate outcome of the case. Thus, there are two different sites for cancer of the uterus, one in the neck and the other in the body.

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I will show you presently why one type, because of its anatomical site, is naturally more hard to cure and thus has a higher mortality than the other type. There are supposed to be several predisposing factors for cancer of the neck of the uterus. One factor concerns itself supposedly with the fact that as a usual rule after childbirth the neck of the womb is never anatomically the same as before, that is, it often becomes the seat of a chronic irritation to a varying degree. (Bland-Sutton.)

As regards the detection of cancer of the uterus, naturally this depends upon the symptoms produced by this disease. By the time the symptoms of cancer are pronounced, so as to admit of no doubt of the diagnosis, the time to cure the patient has usually passed. In other words, irregular and profuse bleeding from the uterus, loss of weight, a sallow complexion, the odor of a cancerous discharge plus the so-called cauliflower cervix and the fixed cancerous womb, which is usually discovered by the patient's family doctor, means a cancer death, and no procedure, operative or otherwise, can forestall this untimely end.

The percentage of cure from cancer of the uterus, which has been diagnosticated by hemorrhage from the uterus, ranges from nine to fifteen per cent. These figures of percentage I have taken from a recent brochure concerning the cure of cancer of the uterus following the most extensive operation for cancer of the uterus performed today.

The foregoing percentage of cures, which are practically nil, relate to cancer of the neck of the womb. The reason for this low percentage of cure is this; the anatomical site of the neck of the uterus has tissues and glands surrounding it of such a nature that cancer, beginning in this portion of the uterus, quickly spreads to the contiguous structures and along the great vessels and also towards the bladder and bowel. The result of this rapidly growing cancer is to make the removal of all of the cancerous tissue an enormous surgical procedure.

Now as to prevention of cancer of the uterus; as far as its average detection is concerned by the surgeon and family doctor, this is, as a rule, usually easy, for the simple reason that the patients who present themselves usually have well-pronounced symptoms. As to the early cases, here, as in breast cancer, prevention consists in the treatment of the precancerous condition. In the instance of cancer of the uterus, its prevention lies in the removal of any source of irritation.

I believe, also, that a woman over thirty-five years of age should consult her physician twice a year for an examination of the pelvis, particularly as relates to the uterus. This examination may be made at the same time as that for the breast. After the fortieth year, a consultation three times a year would be preferable and any unusual uterine bleeding, whether unusual as relating to its time of occurrence or to the amount, should be the occasion of an immediate examination. Only by such measures, plus the microscopic examination of an excised bit of suspicious tissue will it be possible to lower the death rate from this particular form of cancer.

Because it has been brought so vividly before me in the last few months by reason of seeing a woman lose her life due to her delay in seeking her doctor's advice, is the reason that at this point I desire to mention a symptom of definite cancer, which is practically the first symptom in a woman who has passed the change of life. According to Murphy, any woman who passes the change of life and who has not menstruated for the period of one year, can be absolutely certain that if she ever again has any uterine bleeding occuring, that this means nothing more or less than cancer. We achieve some cures at this stage of the disease if the patient is sent in for prompt operation. If the patient waits two or three months in order to be certain that it is not the "change of life working," as so many women express it, the outcome is usually a death from cancer.

Cancer of the body of the uterus is

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not so frequent as cancer of the neck, but is much more difficult to detect. However, this type of cancer, because of its anatomy, does not form other cancers very quickly and does not tend to spread to the contiguous tissues until late in the course of the disease.

Since sepsis, and by this is meant an infection coming from the vagina and finally involving the uterine canal, eventually causes hemorrhage, and since it is usually in the woman who has not borne children that cancer of the body of the uterus occurs, the only way to be sure that a patient does not have cancer of the body of the uterus is by means of the semi-annual examination plus a curretage and microscopical examination of the scrapings of the uterus, provided any suspicious symptoms are present. (Bland-Sutton.)

In cancer of the lips and face there should be one hundred per cent. cure. This percentage of cure should be secured because the patient's attention would naturally be expected to be drawn to the beginning growth of any wart or ulcer. Neverless, we still have patients come who have had a suspicious growth removed locally from the lip, but where no microscopical examination of the wedge which was removed, has been done. In a short time the growth returns in the scar of incision and the glands of the neck have usually by this time become involved in a cancerous process. This usually means only a fair outlook as far as regards a permanent cure.

In so far as my own observation goes, these cases, even after the glands of the neck have become involved, offer a fair percentage of cure following fairly early operative removal. The X-ray in these patients with glandular involvement offers some additional aid toward cure.

There are no particular precancerous signs or symptoms of lesions of the lips and face, but the presence of a wart, ulcer, or excresence upon the lips, face or neck should be regarded with suspicion, particularly if there is any tendency to rapid growth. For instance, the presence of a wart upon the neck of a man, at a site, where it is irritated during the process of shaving, may in time furnish a nucleus for the development of a malignant growth.

The removal of these offending warts, for instance, does not mean that the patient must submit to a local cutting operation, since it is quite easy to destroy these warts, in one or two treatments, by the use of electricity, using what is called the high frequency or Oudin current.

Inflammation of the tongue and lower lip are quite common from the use of tobacco and may be the forerunners of cancer of these tissues. Abstinence from smoking usually determine a tobacco inflammation from a doubtful ulcer.

As regards the prevention of lip and face cancer, here as elsewhere, early and complete removal by some procedure should be done. As Binnie so aptly says, "Thoroughness of removal of the cancerous tissues should not be sacrificed on the altar of aestheticism." It is a small matter to have a wart removed or to devote a small period of time to the cure of an ulcer on the face or lip, but these little attentions sometimes mean life. All ulcers or tumors situated on the lips, if not cured at the end of the month, should be removed at once, since the cure percentage of any growth on the lips, if removed within one month of their appearance, is one hundred. (Bloodgood.)

Finally, the most extensive operation possible should be done and then continued X-raying to prevent a recurrence of the growth should be carried out.

Cancer of the stomach, gall bladder, liver and intestines is commonly found after forty years of age. In these forms of cancer there is usually a period of ten or fifteen years of so-called indigestion preceding the actual development of the cancer. Cancer of the stomach is generally conceded to be engrafted on, or result as a sequence of an untreated ulcer. The X-ray with the use of a fluoroscopic screen and the opaque meal of bismuth subcarbonate will diagnose many but not all cases of cancer of the hollow viscera.

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The diagnosis by an opaque meal is made as follows: The patient, without having had breakfast, drinks a mixture of two ounces of bismuth subcarbonate in milk, at eight o'clock in the morning. This really is not so bad as it sounds, since when properly made, this mixture tastes not unlike some breakfast food that we all have eaten. At the end of two hours the patient is placed before a screen and the observer, by means of a small hand fluoroscope or a larger stand screen, watches the progress of the bismuth through the stomach and intestines, noting abnormalities.

By the time that the symptom of pain which is increased by the taking of food, hemorrhages, loss of weight and the presence of a tumor mass in the abdomen have appeared, the cancer has advanced to a point where its cure is doubtful.

The prevention of stomach cancer lies in the treatment of stomach ulcer which furnishes the predisposing factor in a large number of cases, and its early recognition by the exploratory operation if necessary.

Schmidt, of Innsbruck, Austria, in his recent monograph on the "Diagnosis of Abdominal Tumors," formulates the following rules or findings for suspicioning cancer of the stomach or intestines. First, stomach pressure and gas formation in an individual over thirty years old, who has previously been favored with a healthy gastro-intestinal tract; second, rapid diminution of gastric tolerance in the stomach athlete, that is, one who formerly could eat enormous quantities of food and then suddenly finds he can only digest milk and soups; third, long duration of occult intestinal hemorrhage in suspected ulcer despite proper treatment with prolonged rest in bed; fourth, since certain forms of stomach cancer begin with symptoms of stomach ulcer (such as stomach hemorrhage, pain, two, three and four hours after eating, depending upon the anatomical location of the ulcer, night feeding, relief of symptoms after eating, and also after the taking of alkalais), age incidence must be considered; fifth, stomach findings after the various tests; sixth, a marked obstipation appearing in an individual hitherto regular.

In intestinal cancer there is usually the history of an antecedent bowel disorder, but the patient, as a rule, does not come until there is a mass present in the abdomen, with the accompanying symptoms of bleeding, loss of weight, bowel disturbances and localized pain.

Of late there has been a decided tendency to place the cause for cancer, and particularly bowel cancer, upon the eating of meat. (W. J. Mayo.) Pork has been especially blamed for its role in the production of cancer, and the Jewish race has been quoted as evidence, due to the fact that this race seems to be particularly immune from cancer. It has been said and claimed that vegetarians are never subject to cancer.

Another group of men claims that the disinclination or inability of people to have or enjoy the heat of the sun plays a certain part in the causation of cancer. Whether these precepts are correct or not, it can do no harm to follow them, at least to a certain degree. We have for some time insisted that following an operation for tuberculosis or cancer, our patients should bake themselves in the sun until they are quite black. This procedure is in accordance with the teachings of Rollier, of Switzerland, who claims that the actinic rays of the sun exert a favorable influence upon the course of these two diseases.

In the case of stomach or bowel cancer, early operation and even to operate on suspicion without definite symptoms is to be commended.

I wish to say a final word concerning what is known as borderline tumors. A borderline tumor may be defined as one in which it is difficult to tell whether it is harmful or harmless, cancerous or noncancerous, either from the gross appearance or from the appearance of the microscopical section. (Bloodgood.) In these instances, local operation will cure because the process has not advanced to the point of actual cancer. In reading some German medical articles relating to the use of radium and its derivatives in

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cancer, I have been impressed by the fact that in the course of the article there is usually a statement to the effect that, while radium if of undoubted value, the knife is to be considered first and foremost, as regards the eradication of cancer, and that radium only stands in the capacity of a secondary aid.

Finally, the cancer mortality will only be reduced when the public is thoroughly educated to come for an early diagnosis and to accept prompt operation.

TOP O' THE YEAR.

The calendar tells us that the year begins on the first of January. Almost everyone thinks that it begins in the spring. Neither is true. It begins in October. The spring delusion is an ancestral survival, like fear of the dark, or a tendency to stand with one's back to the wall. To our unfortunate forefathers, doomed to life-imprisonment in the fogs of an ill-conditioned island, the return of the sun seemed the renewal of life. To anyone who has lived through a British winter, the first snowdrop is an event, the first cowslip a blessing from the gods.

Not so to the more fortunate American. His winter sun has never ceased to smile. His frosty days of dazzling blue and white have shown him the celestial country. But his energy decreases with the first warm winds. Spring is a time of running down, not of winding up. It is a season of sentimentality, of lassitude, of slackening of mental fibre, overrated, overpraised. Away with it!

The youth of the year is in October. All colleges and universities are obliged to conform to this rythmic law. They muster their cohorts under the banner of autumn. All charitable societies have found it necessary to adjust their calendars to this beat of the human pulse. "Our year begins in October," say their announcements. Truly it does so. So does the year of the heart, the year of the mind, the year of all eager energies. These days are a gobletfull of the wine of life. A health to our good work! See, we stand upon the Great Divide, and our kingdom lies below us. Let us march down and take possession. October is the clarion-call, the reveille, the true beginning, the Top o' the Year.—Mary Eleanor Roberts in October Lippincott's.

INGENIOUS.

There is a certain young woman of Brooklyn who possesses a hat of which she is inordinately proud. It was a small hat originally, but the owner had increased its proportions materially by the addition of willow plumes attached to wire backbones.

Now, she wore this hat to a music festival not long ago; and she felt very much dressed up. As she leaned back gracefully and complacently in her chair, she felt a gentle tugging at the aforesaid hat from behind.

So she turned and said to a self-possessed young man just in her rear, "Does my hat annoy you?"

"Not at all," said the young man.

She of the hat thought it over for a while. It occurred to her that perhaps she had been ungracious. Accordingly she turned again, this time with this query:

"Perhaps the plumes interfere with your view of the stage?"

"At first they did," confessed the self-possessed young person, "but I bent 'em down.'

CHANGE IN FASHIONS.

Said she, "What lovely fashions, dear!
They do so change from year to year!"
"There's not much change that I can see
"In pocket-books," responded he.
"They're worn a little shorter, though,
And lighter than a year ago."

—Lippincott's.

GREATNESS.

Some are born to greatness, some achieve it—
So says Bill Shakespeare, and we believe it;
But one might add to his moralizing
That some grow great by advertising.

—Lippincott's.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

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THE DRUG SITUATION.

The drug situation is improving. Larger stocks than were apparent at first are held in this country. While little is directly said, there is still considerable importation into the United States. Spring has begun in the southern hemisphere and the new crops of medicinal plants there will be closely gathered. Potash is the thing most difficult to get, one druggist telling us that "Abe Potash" is the only potash salt at present being widely distributed in this country. We have been looking at the kelp beds off our Pacific coast. They yield potash readily, and there is no reason why they may not supply our immediate needs. Citric acid is also short, but a supply can be extracted from citrus fruits. Both in Florida and California we have seen many tons of orange "culls" rotting on the ground.

It is said that patent medicine concerns are changing formulae, omitting the scarce and expensive ingredients. This will save supplies for more legitimate channels.

The chemists are busy. Mr. Edison has discovered a synthetic process for making phenol and is actively producing this important drug in a factory of some capacity. The scarcity of potassium permanganate induced Mr. Charles Lawall, a chemist for the Pennsylvania Health Department, to devise a substitute for this salt, so largely used in formaldehyde disinfection. And he has discovered that one and one-half fluid ounces commercial sulphuric acid and one pint saturated solution of formaldehyde gas mixed together and allowed to cool, may be poured over ten avoirdupois ounces sodium dichromate placed dry in the bottom of a large pail, the resultant reaction liberating the gas quickly and effectively. See Journal American Medical Association, September 19, 1914, for details.

Sodium salts, such as sodium bromide bicarbonate and sulphate, may be substituted for potassium salts. Indeed the list of possible substitutions is quite large.

The Medical Council, from which this is taken, and other journals devote their therapeutic comment to information relative to the substitution of American for foreign drugs. We must meet the imposed restrictions made imperative by the war. The fear of the Council and others concerning the scarcity of potash will lessen somewhat when they read a dispatch of October 29, from Berlin, which comes by the way of London and the Hague. It is that James W. Gerard, the American ambassador to Germany, has succeeded in securing from the Ger-

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man government the lifting of the embargo placed upon one thousand tons of potash destined for America.

The exportation of potash was forbidden after the war broke out, and the shipment this week of potash through Holland was obtained as the result of Mr. Gerard's intervention. Goods forwarded from Switzerland to New York, but which were stopped in Germany because of the war, also have been freed for shipment.

There are other happenings to allay our fears respecting the drug market. Some things not drugs, which set Congressmen in a frenzy, may not crowd misfortune in the south. There may be but little restriction on the disposal of cotton. Early this month we find that the British government has assured the state department at Washington that cotton, not being contraband, would be allowed to go through to Germany and Austria. American vessels are being sought in this port to carry abroad the first shipments. Robert F. Ros, foreign trade adviser of the state department, in making this announcement, said that the cotton would either be landed at ports in Holland and transported into Germany by railroad, or would be shipped direct to Germany.

It is planned to have the vessels bring back dyestuffs, cyanide, chemicals, medicines, sugar beet seed and potash on their return trips. Although Germany has lifted the embargo on these products, it has been stipulated that cyanide and dyestuffs must be carried in American bottoms. For that reason, American vessels are being sought to carry cotton abroad.

The Matanzas, the first steamship laden with dyestuffs from Germany since the embargo was lifted, left Rotterdam for New York and the Sun, an American steamer, left Rotterdam November 1 with the first cargo of cyanide. It is estimated that the prosperity of 600,000 American textile workers depends on a free movement of German dyestuffs, and it is stated that the owners of American gold and silver mines depend on German cyanide to extract those metals.

There seems to be good reason for taking an optimistic view of the situation. Either side of the question favors it. If the worst exists, and there is an alarming scarcity of chemicals which long ago should have been manufactured in America, we will be taught a lesson, and now is the time to be up and doing, so that our suffering, if such it be, will be only short lived. 'Tis an ill wind, etc. As we plead in this column in our October issue for loyalty to home manufacturers, so we again emphasize the fact that the United States can and will furnish material that heretofore we have depended upon foreign countries to supply us. Necessity, perhaps, was the only way by which we could gain our independence.

S. E. EARP.

DECORATIONS OF THE BURDSAL UNITS AT THE CITY HOSPITAL.

The two new units of the Indianapolis City Hospital, known as the Burdsal Units, have in them many new features of hospital construction. Perhaps the most unusual is the treatment of the interior walls. It has long been known that the dull, uninteresting, dreary hospital white wall was the most unsatisfactory feature of modern hospital construction. Yet while the friends of patients did go out and talk about the splendid sanitary condition of the hospital, they did not enjoy the white glare and instinctively shuddered at the idea of being in a hospital without realizing what was so unattractive.

Some years ago the Rev. Father Gavisk was a patient at St. Vincent Hospital (old). When he left he said, "Sister, tell the next patient who occupies this room that there are 391 fleur-de-les in the decoration on the wall." Mr. George Calvert was a patient in Methodist some years ago. He reported that "his room was well aired by two large windows, and that there were three fly specs on the big white walls, and that

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the brass door knob was most interesting."

All eight of the wards are being decorated, the ward for bottle-fed babies; the ward for children, and three of the medical wards for women being now nearly completed.

Mr. William Forsythe is general director of the decoration program, and is himself decorating the ward for bottle-fed babies. The ward for children is nearly completed, and is probably the ward of most general appeal. Mr. Otto Stark has done one of his happiest conceits in the children's dining room. It is called a "festival of toys," and is a grouping of many of the toys children have played with for generations, in a splendid composition. A circus parade headed by a brass band and having in it the giraffe, elephant, zebra, camel, etc., occupies one panel, and on the opposite wall are to be seen a toy train coming out of a tunnel, an old-style coach and an automobile.

Mr. Carl Graf, one of the most promising of the younger artists, is decorating the children's ward corridor and hallway. He has done the story of Cinderella in splendid decorative style.

Mr. Weyman Adams, well-known portrait painter, has contributed twenty-four portraits of Indianapolis children for the ward proper. These interesting portraits are placed medallion-like in the panels between the windows.

Mr. Clifton Wheeler, instructor in the Herron Art Institute, has decorated the sun parlor on this ward with well-known children's stories. The Pied Piper of Hamlin, the Goose Girl, Jack and the Beanstalk and Little Red Riding Hood are presented.

One of the medical wards for women is being done by Mr. T. C. Steele and Mr. J. Otis Adams. Persons who have seen these decorations, which are not yet on the walls, are much delighted with them.

Mrs. J. E. Bundy, of Richmond, is also one of the contributors.

Mr. William E. Scott does one of the women's medical wards complete. Mr. Scott is a young Indianapolis colored man. He has just returned from several years' work in Paris, and his murals at the City Hospital are very fine.

Miss Dorothy Morlin does one of the women's wards complete. She is working out a general landscape scheme that is very pleasing and decorative.

Other artists doing corridors or large panels are Martinius Anderson and G. Gaus.

Mrs. Myra Richards is making a large bronze fountain for the roof garden playground connected with the children's wards, and Miss Helene Hibben is making a large bronze tablet to be placed on the building expressing the city's appreciation of the generosity of Mr. A. Burdsal, who gave most of the money to build the new fireproof additions to the rapidly growing hospital group.

The St. Margaret's Guild of St. Paul's Episcopal Church is decorating the children's wards. Much credit is due this band of young women; they are building "better than they knew." The whole scheme is a distinct departure in hospital decoration. Some few have some stencil borders or a panel or two. Some have some splendid architectural decorations on the outside, notably the exquisite Bambinoes of Della Robbia, known to all lovers of babies, on the outside of the old foundling hospital in Florence.

The new City Hospital will have all the interior walls in all eight of the new wards covered with beautiful frescoes. A visiting Boston artist, Mr. John A. Seaford, in looking over the walls already covered, and being told the entire program, remarked that there were only two buildings in this country that these decorations recall: the Boston Public Library and the Congressional Library at Washington, D. C.

Much credit is due Mayor Bell, of Indianapolis, for it was by his encouragement the Board of Health has been able to carry out the scheme.

The article by James Lynch Williams in the September Scribner's Magazine, on the color scheme of the Panama-Pacific

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exposition, tells of the psychological and physical effect of color on individuals. It is of very personal interest in this work, as practically the entire field covered by his discussion was gone over by this group of home artists in planning the general scheme for the new hospital. Indianapolis as a whole takes great pride in its hospitals, as they are in a way the most distinctly Indianapolis product we possess. Designed by an Indianapolis architect, built by an Indianapolis contractor with local labor, by money given by a noble minded business man of Indianapolis and decorated by Indianapolis artists, the City Hospital stands out as the most typical native monument to the spirit of charity and helpfulness in our city. These beautiful and peaceful decorations may minister to a mind diseased and pluck from the memory a rooted sorrow. A. W. BRAYTON.

WISDOM IN AN "INSANE CLASSIC."

Under the caption "An Insane Classic," we published on page 119 of our March (1912) issue the will of a penniless lawyer, Charles Lounsberry, of Chicago, in the form of a prose poem. He died in the Cook County Asylum seven years ago, and yet the will has outlived many a learned treatise destitute of imagination, fancy or sentiment, and even many a bit of verse illuminated by the glow of true poetic feeling. It shows the kinship which often subsists between talent and mental observation, and it has been suggested that it may serve to correct certain current misconceptions with reference to the nature of insanity, and, in fact, it may make one feel like reconstructing some of the old ideas relative to insanity.

The beauty of the contribution attracted the attention of Dr B. D. Myers, of Indiana University, who kindly sent us a copy of the manuscript. Quite a few journals reproduced it from this one. Throughout it shows the grandeur of optimism, an application of the beautiful when blossoms of the woods and flowers of the fields furnish a language constructed from the alphabet of angels. Nature is depicted in all her glory, and nothing is omitted which adds to the happiness of childhood. It speaks of the safeguards which militate against the thistles and thorns of life. The item respecting love says: "I devise their imaginary world with whatever they may need, as the stars of the sky, the red roses by the wall, the bloom of the hawthorne, the sweet strains of music, and aught else they may desire to figure to each other the lastingness and beauty of their love."

Every sentence of this "insane classic" contains some thought which causes the reader to wonder whether or not he appreciates the happiness which is so nearby, if the golden opportunities are not cast aside and manifold blessings are recognized as such. It is implied that the cynic has no rights which should be respected and that good thoughts and motives will easily overbalance evil ones. With those who have approached the eventide of life memory comes with a halo of glory, the old is ever new, old songs have a message, the oldtime religion is a solace, a panorama of childhood appears with beautiful coloring and the old days are lived over again.

It seems strange that a man bereft of reason can cause the even-minded individual to recognize his derelictions and call attention to his forgetfulness of the blessings which are showered upon him every day.

The last item of the will is a subject for reflection. Perhaps it may remind us of a sin of commission or omission. There may be in it a sadness to some and to others who have dealt kindly and honored the aged, a satisfaction.

The final item says, to our loved ones with snowy crowns, I bequeath the happiness of old age, the love and gratitude of their children until they fall asleep.

Among those who recognized the plaintive strains, yet none the less wise and beautiful, of Lounsberry, is Miss Frances Morrison, a senior at Vassar. She reduced to verse the impression made upon her by reading the insane lawyer's will. The Indianapolis Star of Nov. 1, con-

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tained the following poem by Miss Morrison:

The Will of a Rich Man.

(Suggested by the will of Charles Lounsberry, who died in the Cook County Asylum at Dunning, Ill.)

To every child the wide world over
I leave the songs of the birds at morn
And the pure sweet breath of fields of clover,
And I warn of the thistle and thorn.
I give the cool depths of the meadow grasses,
And the gold-sanded beds of the brooks,
The music one sings as onward it passes
To kiss the green moss in secret nooks.

The frail butterflies whose fairy-like features
Make them things for love and for plunder,
The bushy-tailed squirrels, quaint wood creatures;
And the voice of the wood for their wonder.
Then—the long, long days to be merry in,
The moon and the milky way of the night.
Yes—the long, long days to tarry in
For when they are old, they will lose the right.

To those who love, their own world lifting,
To touch the shimmering stars of the sky,
There is the gift of white clouds drifting,
With the whims of the wind as it passes by!
Red roses by the old wall clinging,
Pink-born bloom on shrub and tree,
And sweet strains ever old songs singing,
In unforgettable melody.

The fireside warmth of stout logs burning,
I leave to those who are tired and old,
Who have followed the road and stand at the turning,
And the fireside warmth shall never grow cold.
To live again—again to see,
And joys of the past ever to keep,
I grant them the gift of memory
Till they, contented, fall asleep.

It is believed that Miss Morrison is a poet of promise. She has written with real poetic skill and discernment on a wide range of themes and in many veins, it is said. She is the daughter of Dr. and Mrs. Frank A. Morrison, of Indianapolis.

S. E. EARP.

FIFTH REPORT OF THE DEPARTMENT OF PATHOLOGY AND CLINICAL PSYCHIATRY FOR THE YEARS 1911-12 AND 1912-13 OF THE CENTRAL INDIANA HOSPITAL FOR INSANE.

The report of the department of pathology and clinical psychiatry for the years 1911-12 and 1912-13, the fifth report, some 400 pages, issued by the superintendent of the Central Indiana Hospital for the Insane, Dr. Geo. F. Edenharter, which has recently been received, is a noteworthy and remarkable illustration of the advance that is being made in this somewhat hitherto neglected branch of medicine. Only those who have taken actual part in work along the same or similar lines can fully appreciate the enormous amount of time, energy, labor and study that it represents. A perusal of its contents fully demonstrates that the work that is being carried out is in the hands of men who are wide awake to the rapid advance that is being made along those lines, and are keeping well abreast of the times. Apart from the detailed description of the pathological findings in 35 autopsies, it is important to note that the report includes the findings of the clinical and psychological examination of 691 cases. It is of importance to note that of these 691 cases, 164 were housewives, 154 laborers, 80 farmers, 61 domestics. It would be interesting, and indeed of vital importance to know whether these numbers represent the relative ratios of the admissions into the institution; whether these particular groups have been selected for

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any special reasons, or if it was a mere coincidence that so many of these groups were selected. If these numbers in any way represent the relative proportion of admissions year after year, it should open our eyes to a study of the probable etiological factors underlying the production of mental disturbances in these particular spheres of life, and lead us to determine ways and means to prevent it.

It is also of interest to note the extensive amount of scientific laboratory work that is being carried out, particularly of the blood and cerebro-spinal fluid along biologic and chemical lines. This is especially indicated by Dr. Bahr's study of a series of 252 cases of Dementia Praecox, in which he found a probable luetic infection, as shown by a positive Wassermann reaction in the blood in 32.1 per cent. and in a series of 95 cases in which the cerebro-spinal fluid was subjected to the same test, a positive reaction in 10.5 per cent.

To Dr. Bahr and his associates the credit is due also for recognizing and reporting the first case of pellagra to our local Board of Health, and of furnishing what is believed to be the first clinical history and autopsy findings ever reported in Indiana.

In addition to the work that is being done from the standpoint of pathology and of clinical psychiatry, one cannot help but note the excellent courses in the anatomy, embryology, phsiology and pathology of the nervous system, and in psychology and psychiatry in conjunction with the various members of the staff of the Indiana University School of Medicine. What a contrast this is to what the teaching was of these same branches by the medical colleges and universities of former years. In the writer's own experience this consisted of a series of ten lectures on mental diseases and of two afternoons walking through the wards of an insane hospital, during which a few of the most typical types were pointed out to us, allowing us to draw our own conclusions.

With the rapid development of psychoanalysis and psychotherapy, this branch of medicine is rapidly acquiring a correspondingly greater significance and importance. What was formerly shrouded in mysticism and sorcery is now being placed upon a definite, rational and scientific basis. The old ideas of devil-possession, of witchery, of mesmerism, of hypnotism, etc., are being displaced by the recognition and understanding of a definite mental pathology. A clearer conception is being acquired of the more important etiological factors instrumental in bringing about this pathology. A more rational basis for therapeutic measures, is, as a consequence, rapidly developing.

The ideal toward which Dr. Edenharter is reaching, that of making the Central Indiana Hospital for the Insane not only an institution for caring for and scientifically treating those unfortunate individuals whose mental faculties become warped because of some physical disease, some profound mental strain, or a defective inheritance mentally, physically, or both combined, seems to be gradually but surely materializing. With a hospital fully equipped according to modern ideas for the care and treatment of the physically sick, with a magnificently constructed entertainment hall and well furnished gymnasium, with a pathological laboratory second to none on the American continent, and with a medical library containing all of the most important contributions to medical literature, the institution has practically all the essentials and facilities for the accurate and scientific study, care and management of the diseased conditions met with in institutions of this character.

With such an excellent course of instruction by lectures and clinical presentations as is given at the institution through the co-operation of Dr. Edenharter and the Indiana University School of Medicine, by Drs. Potter and Bahr, ably assisted by the other members of the medical staff, including Professor Lindley, Drs. Sterne and Hutchins, Dr.

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Frederick Potter, Drs. E. C. Reyer, Frank B. Wynn, John A. McDonald, Wm. Chas. White, Robert Hessler, the late Frank Wiles, Sarah Stockton, E. D. Martin, P. J. Watters, P. H. Weeks, J. E. Heatley, J. S. Rushton, there can be no excuse for any student graduating from the Indiana University School of Medicine without acquiring a knowledge of the fundamental principles and conditions of abnormal mental states.

Dr. Edenharter should be given every support and encouragement in his efforts to achieve his ideals, and if any suggestions might be offered it would be that there should be closer cooperation of the outside physicians in securing better histories, both family and personal, as well as a more complete clinical report of the patients prior to the committal to the institution. A greater effort also should be made in assisting the physicians of the institution in securing permission for necropsies, for it is by the study of the pathological conditions found and their association with the clinical manifestations presented during life that we must gain a knowledge of the disease processes that take place, thus giving us a working basis to determine ways and means to prevent their development or to care for them after development in the years to come. The Central Indiana Hospital was the first in the United States to build, equip and establish a pathological department with mortuary, library, museum rooms and amphitheater for over 300 sittings for students, physicians and visitors and to give annually for the benefit of students of psychiatry a complete clinical course in the classification, diagnosis and treatment of the insane. This is now recognized as a great and early forward movement and its building and methods have been adopted by other institutions. Other unique features are the hospital for the sick insane and the new recreation building for use of the attendants and patients dedicated May 1, 1914.

CHARLES F. NEU,
608 Hume-Mansur Bldg.

REINFECTIONS IN CURED CASES OF SYPHILIS.

Dr. Benario has collected the cases of syphilitic reinfection which have been observed and published in the French, German, English, American and Italian medical journals since the introduction of salvarsan. There are forty-nine cases after salvarsan treatment and forty-seven cases after salvarsan and Hg. treatment. Dr. Benario concludes that the increased number of these reinfections points to a superior sterilization attained by salvarsan since Neisser's animal experiments have proved that reinoculations are only possible in such animals as had been thoroughly cured. Dr. Benario thinks that analogous conclusions may be drawn for men.

Dr. Benario has written a book on these rare cases. Dr. B. Erdman, of Indianapolis, had one case, which was discovered on the third day of the chancre and the thirtieth after intercourse and infection.

He received no treatment except one full dose of salvarsan and had no symptoms for nine months, when a luetic sore appeared on his tongue.

Dr. Harry K. Langdon, of Indianapolis, had a case cured by salvarsan and reinfected after a year. There is no doubt as to the curative power of 606 and 914 combined with mercury. The Wassermann reaction assists in the determination of cure. Cases should be followed for two years. A. W. B.

AN OBSERVING CHILD.

Dr. Hurlstone, pastor of Roberts Park church, is an Englishman and generally wears a Prince Albert coat and white tie. His immaculate appearance attracted the attention of a little Sunday School boy who said: "Mama, our minister always looks so nice and clean. I wonder if he uses Dutch Cleanser?" This was told to Dr. Hurlstone, who replied, with his ready wit, "Would you expect an Englishman to use Dutch Cleanser?"

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

Furnished by Our Collaborators

AMERICAN DOCTORS AND THE EUROPEAN WAR.

Medicine has wagged along for thirty centuries, through peace and war, and the European conflict will not set medicine back. Peace will come from exhaustion, if from nothing else. The history of war does not justify the conclusion arrived at by the pessimists that the arts of peace will suspend progress for a generation after peace is declared. This war will be no exception to the others except it will be more extensive. And when it is over reconstruction will begin at once. Indeed, medicine may progress then even faster than it has in in the past. The Franco-Prusian war gave medicine a great boost in France and Germany.

Here in the United States the doctors will have just the same volume of work as they had before the war began. Some industries will be promoted and the doctors in the regions where they thrive will thrive with them; other industries will be depressed and the doctors dependent upon the workers therein will suffer with them. But these ups and downs of business occur in times of peace. Probably more doctors are dependent upon agricultural prosperity than upon the state of any other industry, and the farmers are prospering. So don't worry, Doctor; you will come out all right.

But we will suffer inconveniences, chiefly as regards the supply of drugs. We manufacture in the United States a pretty full line of chemicals and biologicals, so we must depend a good deal upon them. Medical Council purposes running some special articles upon the biologicals. The war will probably stimulate their use.

Synthetic and botanic drugs will be scarce in many lines. The former class are overused, especially by laymen, and their partial dropping out of the market may be a good thing. Medicine got along for ages without them and can get along without them again. Opium and its derivatives will be scarce. That will also be a good thing for the public. The doctor who knows his job can get along with very little opium. The one whose main reliance is a hypodermatic dose of morphine will have a good chance to learn how to practice medicine, which will be a good thing for him and for his patients. Cocaine will be scarce, which will also be a good thing for the public, especially the "coke" fiend.

Botanic drugs from Europe and the Orient will be scarce in many lines. The Journal of the American Medical Association says: "Aside from cascara, hydrastis and podophyllum, few (botanic drugs) of therapeutic importance are produced in the United States." Our Eclectic friends do not agree with this, and they have a good chance now to score. These gentlemen have been industriously promoting the use of our indigenous botanic drugs and have developed their pharmacy most creditably. This editor, as an individual practioner, is patting himself on the back just now because he has long used a number of the Eclectic pharmaceuticals and parallel fluidextracts and understands them. Here is a resource open to all of us. They are concentrated and potent products and we get good results from their use—better and at less cost than from the tablets so much in vogue—but one has to study Eclectic and the older "Regular" books to learn their use.

South America may be able to supply us with many drugs; but, Doctor, if you live in a malarious district, you would better get hold of a good stock of quinine; and, if you do much eye work, of the alkaloids used in ophthalmology. These things, as well as alkaloids generally, will be scarce.

One of the bad features will be the scarcity of salvarsan and neosalvarsan. This product, which Cleveland Medical

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Journal says costs about two dollars a kilogram to manufacture and is sold to the public at the moderate price of about two thousand dollars a kilogram, has imitations, but they are not safe, as witness the terrible experience with a substitute in Los Angeles.

Hydrated chloral will probably be scarce, which will be a splendid good thing, in view of the fact that some proprietary interests have induced the doctors to use too much of it.

We will really miss a good many oils and resins, digitalis, cámphor, senna, rhubarb, aloes, buchu and many others. Now is the time to study up scientific substitution. Get busy with your books, Doctor, and the war will not hit you very hard.—Editorial Medical Council for October 1914.

THE ANTITOXIC ROLE OF THE LIVER.

In 1910 Dillard and Dechambre discovered that the fluid contained by the autolysis of the liver of the pig destroys the toxicity of a mortal dose of cobra venom. Subsequently Billard found that the hepatic autolysate has the same action upon other poisons, such as the tetanus toxin, the venom of the viper, cocaine, curare and strychnine. In 1912 Barlocco demonstrated that the hepatic autolysate of the pig counteracts the toxicity of the diphtheria poison to an extent depending upon the length of time during which the toxin and autolysate are in contact with each other. A further study along this line has been conducted by Amilcare Bertolini, who reports his results in the Annali dell' Istituo Maragliano, June 22, 1914. His experiments were carried out with the liver of the ox and the findings of Barlocco were corroborated. But he went further. He sought to determine the exact mechanism of the detoxicating process. It was found that a solution of lactic acid of a strength equal to that present in a measured volume of liver subjected to autolysis for forty-eight hours, has the same effect upon the diphtheria toxin as the hepatic autolysate itself. If the acidity of the latter the diphtheria toxin is removed.

The question now arises whether the detoxicating function of the liver is brought about by a purely chemical reaction or whether it is effected through the medium of a catalytic agent. It has been well established that the process of catalysis is inhibited by the presence of an acid even in the greatest dilution, and is accelerated by the presence of the hydroxyl ions. This would seem to signify that if catalysis has really a detoxicating action this would be favored by a slightly alkaline medium while it would be inhibited in the presence of the hydrogen ions. In other words, alkilinity would favor the antitoxic function, while acidity would not impair the virulence of the toxin. The conclusion is drawn that the mechanism of the detoxicating action of the liver is of the nature of an ordinary chemical reaction and does not call into play a catalytic agent.

The above facts are applied by Bertolini in a theory as to the relation of the liver to the various toxins that may be introduced into or formed in the human body. The diphtheria toxin, like all other poisons, accelerates autolysis, as the result of which there are set free a larger quantity than normally of substances having an acid reaction, thus favoring a more intense detoxicating action upon the diphtheria poison. It would thus appear that the autolysis excited by the toxins becomes a means of defending the organism against these toxins.—Editorial Med. Record, Sept. 26, 1914.

TOLSTOY'S VERSIAN OF EUROPE IN FLAME.

In the fall of 1910 Leo Tolstoy was requested by the Czar, through Countess Nastasia Tolstoy, to compose a message intended for himself, the King of England, and the Kaiser of Germany, the two last mentioned having suggested it. They wanted something from the old man that had never been published and was not intended by him for publication. To the countess he responded by dictating the following words:

"This is a revelation of events of a uni-

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versal character which must shortly come to pass. Their spiritual outlines are now before my eyes. I see floating upon the surface of the sea of human fate the huge silhouette of a nude woman. She is—with her beauty, her poise, her smile, her jewels—a super-Venus. Nations rush madly after her, each of them eager to attract her especially. But she, like an eternal courtesan, flirts with all. In her hair ornament of diamonds and rubies is engraved her name—"Commercialism." As alluring and bewitching as she seems, much destruction and agony follow in her wake. Her breath, reeking of sordid transactions, her voice of metallic character like gold, and her look of greed are so much poison to the nations who fall victims to her charms.

"And behold! She has three gigantic arms with three torches of universal corruption in her hand. The first torch represents the flame of war that the beautiful courtesan carries from city to city and country to country. Patriotism answers with flashes of honest flame, but the end is the roar of guns and musketry.

"The second torch bears the flame of bigotry and hypocrisy. It lights the lamps only in temples and on the altars of sacred institutions. It carries the seed of falsity and fanaticism. It kindles the minds that are still in cradles and follows them to their graves.

"The great conflagration will start about 1912, set by the torch of the first arm in the countries of Southeastern Europe. It will develop into a destructive calamity in 1913. In that year I see all Europe in flames and bleeding. I hear the lamentations of huge battlefields. But about the year 1915 a strange figure from the north—a new Napoleon—enters the stage of the bloody drama. He is a man of little militaristic training, a writer or a journalist, but in his grip most of Europe will remain till 1925. The end of the great calamity will mark a new political era for the old world. There will be left no empires and kingdoms, but the world will form a federation of the United States of Nations. There will remain only four great giants—the Anglo-Saxons, the Latins, the Slavs, and the Mongolians.

"After the year 1925 I see a change in religious sentiments. The second torch of the courtesan has brought about the fall of the church. The ethical idea has almost vanished. Humanity is without the moral feeling. But then a great reformer arises. He will clear the world of the relics of monotheism and lay the cornerstone of the temple of pantheism. God, soul, spirit, and immorality will be molten in a new furnace, and I see the peaceful beginning of an ethical era. The man determined to this mission is a Mongolian-Slav. He is already walking the earth—a man of active affairs. He himself does not now realize the mission assigned to him by a superior power.

"And behold the flame of the third torch, which has already begun to destroy our family relations, our standards of art and morals. The relation between woman and man is accepted as a prosaic partnership of the sexes. Art has become realistic degeneracy. Political and religious disturbances have shaken the spiritual foundations of all nations. Only small spots here and there have remained untouched by those three destructive flames. The anti-national wars in Europe, the class war of America, and the race wars in Asia have strangled progress for half a century. But then, in the middle of this century, I see a hero of literature and art rising from the ranks of the Latins and purging the world of the tedious stuff of the obvious. It is the light of symbolism that shall outshine the light of the torch of commercialism. In place of the polygamy and monogamy of today there will come a poetogamy—a relation of the sexes based fundamentally upon poetic conceptions of life.

"And I see the nations growing wiser, and realizing that the alluring woman of their destinies is, after all, nothing but an illusion. There will be a time when the world will have no use for armies, hypocritical religious, and degenerate art. Life is evolution, and evolution is development from the simple to the more complicated forms of the mind and the body. I see the passing show of the

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world-drama in its present form, how it fades like the glow of evening upon the mountains. One motion of the hand of commercialism and a new history begins."

According to the Kaiser, it is one of the most impressive literary prophecies of the age.—Journal O. M. A.

THE REPORTING OF DISEASE.

Although the dwellers in the larger cities have become accustomed to the reporting of contagious diseases and consider it nothing unusual, yet a large part of our population will have none of it. A recent paper read by a layman before the meeting of the Association of Life Insurance Presidents presents conditions that should be considered carefully by all physicians.

As our knowledge of infectious diseases has increased, particularly in regard to their causation and transmission, we should realize that prevention is the essential element in controlling the spread of disease. In order to do this satisfactorily, all instances of contagious diseases in particular, but certain others as well, must be reported and the public saved from exposure. There must be registration, and in some cases, quarantine; without these, preventive medicine may become almost a dead letter. Mr. Dublin, on writing to the health officers of the various States, received many letters indicating that this important matter was sadly neglected. When one considers that there are some 1,500,000 persons seriously ill from preventable causes, at any given time in the United States, it becomes evident how necessary such methods are. The value of registration is not only to the public, but to the individual as well. It means, for instance, that all of the facilities of the community for diagnosis, treatment, and nursing are immediately at his disposal. If diphtheria is suspected, the diagnosis is quickly made and if the report is positive, the patient receives the tremendous advantage that results from early recognition.

Then, too, the registration of the communicable diseases will enable health officers to discover foci of infection in time to prevent further spread. In several other respects registration is also valuable, such as the reporting of occupational diseases and the obtaining of a large amount of important data. In fact, thorough registration is such a tremendous factor in the health of the community that it cannot be disregarded, and should be urged and encouraged by a united medical profession.

This editorial from the New York Medical Journal is in line with the first original article in the Indianapolis Medical Journal for September, entitled, "Mathematics in Medicine." It is important and it would not do harm to italicize; it would aid in placing emphasis on the subject and so influence physicians to educate the laity.

S. E. E.

THE CASE AGAINST THE TONSIL.

Although the anatomical peculiarities of the tonsils, such as the lack of complete epithelial coverings, the presence of crypts, and their exposed condition have been recognized for years, yet the disease producing possibilities of these structures have been appreciated but slowly.

At first the removal of the tonsils was considered advisable on account of the direct influence that they exerted upon the development of the individual. If they were enlarged, they were removed and the pre-existing conditions were expected to improve. That they might be sources of local or systemic infection was not realized generally for many years. Possibly the recognition of their importance in tuberculosis of children was the first step forward from a bacteriological point of view. The marked prostration from a so-called simple follicular tonsillitis was further indication of the general disturbances resulting from what was considered a local condition.

Time passed and a relationship between tonsillar injections and "rheumatic" conditions was observed. Bacteriological examinations of excised tonsils showed that the cocci were present in many instances. Experimentation in turn proved

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that the cocci found were virulent for smaller animals, and in numerous cases caused an acute infection of the joints. It was well known that acute and chronic endocarditis was not uncommon during and after attacks of articular rheumatism. Some of the organisms removed from the tonsils showed that they could give rise to similar cardiac conditions. It was at first supposed that the cocci found were a special type, but recent work indicates that they are nothing more than ordinary streptococci that have undergone certain modifications.

That a clear case has been made against the enlarged tonsil seems true. Not only can it hinder both the physical and mental development of the child, but it can be the port of entry for bacteria, giving rise to widespread disturbances, both acute and chronic, and of varying severity.—New York Medical Journal for September, 1914.

CONCLUSIONS CONCERNING TUBERCULOSIS.

Emans forms the following conclusions of an article on an early diagnosis of pulmonary tuberculosis (The Post Graduate for September, 1914):

1. Pulmonary tuberculosis is certainly curable in its first stage, cured with difficulty in the second, and practically incurable in the third stage.

2. That while it is true in about 25 per cent. of the cases, the disease begins insidiously, and in some cases the patient does not recognize his condition and go to the physician until his disease is fairly well advanced, yet the majority go in time and give a history and symptoms which should lead to a diagnosis.

3. That among physicians generally there seems to be a lack of medical training, or painstaking, in making an early diagnosis.

4. That the disease can never be eradicated until early diagnoses are made.

5. That when the diagnosis is made it is a mistaken kindness not to tell the patient his condition at once.

6. That when the physician is in doubt he should call in some one on whose judgment he can rely.

7. That as a remedy—the public should be still more educated by lecturers, tuberculosis exhibits, the newspapers, etc., in order to make them suspect their symptoms and induce them to go to physician without delay.

8. That in every medical college there should be a special course of lectures on tuberculosis, given by men of ability and large experience, so that the student is early impressed with the diagnostic signs and with the fact that in after life he is to be constantly on the lookout for that disease which is the most fatal of all, and yet the most curable of all, when recognized early.

TIMES TO THINK OF A DEFICIENCY OF THYROID SECRETION.

When you encounter the association of one or more of the following symptoms: Trophic changes in hair, eyebrows, eyelashes, teeth, or gums; an habitual chilliness, biliary disturbances with lithiasis, dyspnea with asthmatic attacks; menorrhagia, recurring abortion, hemophilia, melancholia, depression, weariness of life, migraine, vertigo, sudden loss of consciousness, noises in the ears, somnolence, rheumatoid changes in the muscles, ligaments, or aponeuroses; nocturnal incontinence of urine, pollakiuria, loss of appetite and obstinate constipation—think of a possible deficiency of the thyroid secretion.—E. Hertoghe, Merck's Archives.

EMETINE FOR RIGGS DISEASE.

Dr. C. C. Bass and F. M. Johns in the New Orleans Medical and Surgical Journal (Nov., 1914) report success in the treatment of pyorrhea alveolaris by the use of emetine used hypodermatically. One-half a grain injected in any part of the body each day for four days, then repeat again in ten days if needed. It is quite likely that the injection of a weak solution of emetine, one-half per cent., as used by Barrett, into such lesions as can be reached will be found to favor success. Some of the dentists of Indianapolis are using the latter method, it is said. S. E. E.

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MEDICAL MISCELLANY

FOOT-AND-MOUTH DISEASE. WHAT IT IS. DANGER TO MAN.

The foot-and-mouth disease situation on the dates hereafter noted, as condensed by the Star, is as follows:

SOUTH BEND, Ind., Oct. 29.—Steers shipped through the Chicago stockyards to Blissfield, Mich., in Lewanee county, just over the Ohio boundary, were found to be infected with the foot-and-mouth disease today, according to a statement made by Dr. N. G. Houck, federal inspector. The spread of the scourge confronts the federal and state authorities with a new menace, inasmuch as that part of Michigan is rich in its dairy products. Dr. Houck immediately dispatched a corps of deputies to Blissfield and discovered several herds to be infected.

J. D. Oliver of South Bend has written a letter to Governor Ralston, in which he expresses the belief that methods now being employed will result in the stamping out of the epidemic of foot-and-mouth diseases prevailing among cattle, swine and sheep. He wrote as follows: "I feel that the active measures now being taken to stamp out the foot-and-mouth disease, prevalent in St. Joseph county, are meeting with success and that pronounced gains are being made in this laudable work. If the pressure be continued the trouble soon will be under control, and I am sure the steps now being taken are in the right direction."

LAPORTE, Ind., Oct. 29.—Dr. L. K. Atherton of the government Bureau of Animal Life, in charge of the work of stamping out the mouth-and-hoof disease among cattle in Indiana and Michigan, today reported that the disease had appeared on two more farms in St. Joseph county, the Borden place and the C. A. Parker farm.

It was reported that pigeons may have carried the germs to the Parker farm. Government experts have ordered all pigeons in the infected district killed.

There is at this date, Nov. 4, a quarantine established at the Indianapolis stockyards.

A strict embargo has been placed on all shipments of cattle, swine, sheep and horses out of the local market intended for use as stockers or feeders, or for dairy or breeding purposes.

Local traders will be allowed until 6 o'clock this morning to make arrangements for disposing of all such animals held at the time the quarantine was imposed. At that hour the quarantine regulations become effective and will remain in effect until further notice.

Shipments of live stock may be made to points in the quarantined area, which includes the states of Indiana, Illinois, Michigan, Ohio and Pennsylvania, provided that the stock is to be slaughtered immediately.

A summary of the interpretation indicates that fat stock may be received at the local yards from points within the quarantined area or may be reshipped to points within the area, provided that the stock is not to be sold for feeding, dairy or breeding purposes. Although local traders at first were inclined to look upon the order of the federal authorities as a hardship, they were soon to realize that the market in reality will suffer little or none from the effects of the order.

Of course, it is to be remembered that the Eastern outlet for a very large supply of hogs has been closed temporarily, but the percentage of this business is not of sufficient volume to "hurt" materially the business, especially if the quarantine is of only a week or two in duration.

Perhaps it will be apropos to consider what is understood by foot-and-mouth disease. It is an acute infection of certain lower animals such as cattle, sheep, pigs and goats. It is evidently caused by a micro-organism which is not known but Klein has described a micro-coccus. There is fever, vessicles, ulcers in the mucosa of the mouth, in furrows about the feet and the udder. There is asthe-

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nia and great emaciation. The milk from the cow is yellowish, bitter and has a sickening taste, while the disease is mild, yet sucklings die in large numbers. During an epidemic the disease may be transferred to man by means of milk, butter and cheese and is known as epidemic-stomatitis. The virus is destroyed by boiling. It may be communicated by inoculation but not from the meat of diseased animals. But few cases in America have been reported. The incubation is three to five days, an onset marked by rigor, then vessicles on the tongue and lips, similar to aphthous-stomatitis. There may be red mucous-membrane and salivation. Occasionally an eruption, pustular in form, on the skin surface, including fingers and hands. A known epidemic is important in making a diagnosis. Its duration is about a week, and rarely fatal. The treatment would be about the same as in aphthous-stomatitis. We may hope that someone in the near future will discover a method of immunization.

S. E. EARP.

INDIANAPOLIS MEDICAL SOCIETY MEETING OCTOBER 6, 1914.

Meeting was called to order by J. W. Carmack. Application of Dr. G. D. Mottier was read for first time. Those of Drs. Wm. V. Boyle and C. W. Rutledge for second time. Attendance 117.

Dr. Tom Williams, of Washington, D. C., addressed the society on "The Traumatic Neurosis in Relation to Workmen's Compensation."

Discussion:

Dr. Neu: Medico-Legal questions are vastly important. It is true that most patients begin to improve when a compensation is allowed. Have never seen a case recover before court trial.

Dr. Ford: These cases recover when trial is over. Eliminate memory and these cases will get well. Many are neurotic in history only. Constant discussion in family makes one a neurotic. Suggestion is at bottom of most cases. A suggestion of a doctor is often at fault. State has no compensation law. These patients are honest, conscientious and are not to blame.

Dr. Sterne: Generalities in this phase of study are unfair. We have a reality to deal with. Compensation is at the bottom. People purposely get injured for compensation. These conditions are not neurasthenia at all. Physical debility—Psychosthenia through obscessions. Obscession obtains as long as the stimuli obtain. We are all influenced. The most honest of us are. Any employe should give his company or corporation service.

Dr. Hannah Graham: It stands us in hand to know the truth. No deviation from it will answer.

Meeting October 13, 1914.

Society was called to order by the President, and minutes of previous meeting read and approved. The secretary then read a resolution of respect from the society for the late Dr. Harriet E. Turner, which by motion was spread on minutes of the society. The secretary then presented a bill of $9.70 in connection with the float used on Disease Prevention Day, which was allowed. The matter of $50 that had been paid, for the society, to the fund for Disease Prevention Day, by Dr. T. B. Eastman, was brought up and allowed. Dr. A. S. Jaeger moved that the application of Dr. B. M. Gundelfinger be brought back to the council for further consideration, and that the sponsors have the privilege of a hearing before the council. Carried.

Program: "Some Medical Aspects of Intestinal Stasis Relative to Cause and Treatment." Dr. Wm. H. Foreman.

A common cause of intestinal stasis is deficient motor activity of the colon and rectum. The motor power of the colon and rectum depends upon various factors, viz: A lack of proper stimulation of intestinal movements; inhibition of bowel motor activity due to mental states, and abdominal or pelvic irritation, inflammation or pain; weakness of the bowel musculature from atony, disease or improper nourishment; ineffective intra-abdominal pressure; ptosis of the colon; colitis and colonic adhesions and membranes; undue colonic stasis, and

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benign or malignant obstruction. A second common cause of intestinal stasis is imperfect defecation by which is meant that defecation is infrequent or incomplete or both. Various factors enter into the efficient act of defecation, viz: The motor power of the colon and rectum; inhibition due to mental states, disease of the rectum, and pelvic or abdominal inflammation or pain; the defecation reflex; voluntary effort, and undue pelvic stasis. A small minority of the cases of intestinal stasis are wholly surgical, a larger minority are medical at first and postoperatively, while the great majority are medical at all times. The more important medical therapeutic measures are: foods, drugs, regular habits, hygiene, enemas, the abdominal support or corset, exercise or recreation, massage, hydrotheropy, rest and forced feeding.

Discussion. Dr. H. H. Wheeler: Stasis is contributory to constipation, but we must also treat it from the standpoint of intoxication. We may have a stasis where the bowels move two or three times a day, or we may have a case of stasis where the bowels move only once in three days. Stasis depends greatly upon the intoxication, and not on the number of bowel movements a day. Stasis must be dealt with from the physiological, pathological and anatomical standpoints. Pathologically, I think stasis may be brought on by a great many causes that are external to the bowels. Stasis may be brought on from conditions internal to the bowel, and from conditions external to the bowel, so when we are treating stasis we must treat it from the standpoint of causes. If you have a stasis brought on from cholecystitis, by appendicitis, by fissure, or hemorrhoids, it is necessary to treat this condition as the primary causing factor of stasis. Out of one hundred cases in girls twelve years of age, fifty per cent. of these had enteroptosis, while in the clinic five per cent. of males had gastroptosis. So if you find fifty per cent. of girls at twelve with a dropping down of the abdominal organs, you can see that we should begin treating these cases in childhood.

Dr. A. C. Kimberlin: One thing that appeals to my mind very strongly is the inestimable value which we have derived from the work of the Roentgenologists along this line. While we may not always be in accord with what they tell us and may not believe their conclusions, yet we are each one of us forced to recognize the fact that they have done more in putting us right in the study of this very important subject which leads ultimately to the relief and cure of our patients, than any other one single line of work. We have so many factors entering into this that when a patient first comes, the first thing that goes through your mind is, "What is the cause?" And when you begin to enumerate the causes you are lost at once, because there are so many, so you begin to try to find the most important ones. It may be the habit of the individual; it may be purely nervous—psychic, it may be some of the infections spoken of by Dr. Wheeler—appendicitis, as well as gallbladder disease, it may be habit, or occupation, for we know that causes intestinal stasis; we know how errors in diet will bring about this condition; we know how social customs is the most fruitful cause of all we have to deal with, especially among women; we know, too, the part that clothing and the corset play. The time of going to stool for persons who are constipated is when they feel the first desire or inclination. Salines only exert a slight detergent influence and spend practically their whole force on the upper intestinal tract. Abdominal supports, where you have ptosis in a certain class of cases, do a great deal of good. Perhaps they will rank along fairly well with the results obtained by surgery. However, there are a gre t many cases of intestinal stasis, particularly when it is complicated with ptosis, in which abdominal supports are no good at all. Most abdominal supports, the way they are fitted and adjusted, are of little or no value except for their psychic effect. Surgery plays a part in selected

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cases, but in only a few of the great class which Dr. Foreman has presented to us tonight.

Dr. F. W. Foxworthy: Cited one case in which Xray was used after a man had a restriction of the transverse colon and had been given Epsom salt every two hours for two weeks. In that case surgery was the only relief that could be given the patient. Another case was mentioned in which Xray showed a condition in which it was supposed an operation was demanded. In that case surgery did no good at all, although the Xray showed just the condition.

Dr. A. E. Sterne: I think the assayist errs in one point and that is if the distinguishing characteristic is the motor force of the bowel, we should speak of the condition as intestinal "atony." We are very much behindhand when we fail to realize that the day of enteroptosis is rapidly passing away. We are dealing with intestinal atony, with lack of power. The question as to the position of the organ in the abdomen in itself is of comparatively little importance. An organ which is mal-placed, which is ptosed, and at the same time whose function is interfered with, is another proposition altogether. But we must not lose sight of the fact that the physiology of these organs is important, the power that these organs represent in their peristalic force. The Xray plate alone is very misleading. Conditions such as chronic nervous indigestion, chronic nervous dyspepsia, do not exist at all, except in the minds of some physicians and a great many patients. Acute nervous indigestion, acute nervous dyspepsia, is very common. I have come to the opinion that mere plating of the abdomen, especially in relation to the bowel, is comparatively valueless, and that it should be associated with screening.

Dr. Foreman, closing: There are so many things that enter into the motor power of the colon. One is atony; another element is ptosis, which does not always mean so much. It can mean something or nothing. Then another element is the mental side of the individual; then there is pain, there is appendicitis, or any pain in the abdomen or pelvis. Then there are adhesions that come from a colitis, and there are so many conditions that cause a lack of motility of the bowel. I believe that most of the cases are medical. I believe that the position of the bowel has very little to do with stasis.

Meeting October 20, 1914.

Meeting was called to order by the president and minutes of previous meeting read and approved. The application of Dr. C. K. Jones was read first time. Attendance 95.

Dr. A. B. Graham, chairman of Committee on Permanent Quarters for the Society, reported the committee was unable after several meetings to come to any agreement, asked to have the committee discharged. By carried motion this was done.

Program. Paper, "Anesthesia from the Standpoint of the Occasional Anesthetist." Dr. S. L. Egart.

The occasional anesthetist needs to be encouraged when he has to assume this grave responsibility, but very often it could be avoided. When such is the case the physician and the surgeon should insist upon having a competent man for this work. Means were pointed out whereby they, in the opinion of the essayist, might accomplish this without injuring their patronage. If men were led to use in this regard the same prudence that they use in other business matters the anesthetist would be encouraged to remain in his field and thus the plane of anesthetic efficiency be brought by long practice to as high a degree of perfection as the other branches of surgery. Ether should be preferred to chloroform, and the open drop method used as being the safest and most clearly definable and as tending to keep the attention centered on the patient. Evidence of narcosis should be weighed in reference to the state of respirations especially which are the most important. The anesthetist should watch his patient carefully at all times but even when all

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is well should make examinations at intervals.

Case Report showing patient: "Pemphigus in a Paretic." Drs. Max Bahr and F. C. Potter.

Presented a case of pemphigus in a paretic with also numerous photographic illustrations of the case during its different stages. The patient was a male, age 51, and painter by occupation. He contracted syphilis 20 years previous and gave positive Wassermann of the blood and spinal fluid. The spinal fluid in addition gave a strongly positive reaction for globulin and a pleocytosis. After scrubbing the back with soap and water, followed by alcohol and tincture of iodine, a lumbar puncture was done, and the following morning a single bleb five inches above and two inches to the left of the point punctured, was noted. These blebs appeared in successive crops for nine consecutive days and on the 17th day began to disappear. These blebs presented a circular base and were filled with clear, pale fluid, which escaped on puncture. The skin, including the margin of the bleb, was whitish in color. The fluid contained in the blebs gave a strongly positive Wassermann reaction. The various types of pemphigus were considered as the vulgaris, foliaceus, vegitans and neonatorum. Differential diagnosis for dermatitis herpetiformis, bullous lesions associated with neuritis and bullous syphiloderm were considered. The explanation for the appearance of the pemphigus eruption in the location designated and under existing conditions was on account of the probable low resisting power of the skin in paretics in consequence of the frequent trophic disturbance in this disease.

Discussion. Dr. Link: Enthusiasm means efficiency which holds good in anesthesia. No better anesthetists are found in U. S. than in Indianapolis. We should have more papers on anesthetics. Let the surgeon help the expert anesthetist collect a better fee—a fee commensurate with his services.

Dr. Lillian Mueller: The more anesthetics one gives the more efficient he becomes. It is a serious matter. Statistics show a mortality of one in thirty thousand. After effects are guarded more carefully now than formerly. No one can give a good anesthetic and carry on a conversation. Everything should be watched to insure no regrets afterwards.

Dr. Cabalzer: Graduates only should give anesthetics. I condemn nurses giving anesthetics. The expert knows all the work and has a broad field of experience. An expert makes the surgeon's mind easy. He observes his patient at all times. Scopolamin and morphine have made beginning easier.

Dr. Cregor: Case under consideration comes in class of pemphigus necrotica. Cited a case in clinic. Cited another case of herpetiform mistaken for pemphigus vulgaris which arsenic cured.

Dr. Brayton: Mentioned three cases of pemphigus neonatorum. Vaccinal pemphigus and pemphigus vulgarus were mentioned and many cases cited, especially of the latter. Pemphigus foliasis was a fourth classification, definite cases of which were mentioned. In the bullous erythemias the dermatologist has added very little to curative measures.

Drs. Egart and Bahr closed the discussion: Dr. Bahr said the case of pemphigus in a paretic was presented with one thing in mind, viz: its relation to syphilis.

Meeting October 27, 1914. City Hospital.

Meeting was called to order by the president. Minutes of previous meeting read and approved. Drs. Carl W. Rutledge and Wm. V. Boyle were elected to membership.

Program. Dr. J. H. Taylor presented the following cases: (a) Child, five, with an apparent hydrocephalus but symptoms not bearing it out. (b) Boy, three, with a probable incipient cerebrospinal meningitis. (c) Boy, three, with complete recovery from cerebrospinal meningitis. Serum used early. (d) Child, four, cerebrospinal meningitis; had been blind and paralyzed completely. Both were clearing up. Serum used early.

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Dr. H. R. Allen read a paper on External Bone Plating and presented a case showing an instrument for reducing fractures, and his apparatus for holding fragments in position. This apparatus consists of external plates which lie outside of the body and have long projecting pins that penetrate one or both layers of hard bone substance. This external plate is unclamped and the pins when withdrawn leave no foreign body after union occurs.

Dr. A. W. Brayton presented two cases:

a. A typical case of prurigo hebra. This patient was a girl, twelve, who had had the disease since babyhood. Scars from early lesions as well as recent lesions could be seen. A general adenitis could easily be shown.

b. A man of early adult life having an early case of neuofibroma (Rechlinhausen's Disease.) Dr. Brayton stated this was uncommon and the first case presented in his recollection at City Hospital.

Dr. Frank B. Wynn presented four cases of cardiac syphilis, one of syphilitic aortitis. Dr. Wynn stated that men who wrote most on this subject recommended mercury especially as a remedial agent. Dr. Wynn also showed a pathological specimen of aortic aneurism, probably of syphilitic origin.

Dr. J. W. Sluss, superintendent of the City Hospital, served elaborate refreshments.

INDIANAPOLIS HISTORICAL SOCIETY.

The Indianapolis Historical Society was organized Oct. 5, 1902, and holds its meetings the second Monday of each month. On account of the approach of Indiana's centennial year, the first four meetings will be devoted to the study of Indiana, and the remainder of the time, the Eastern Question, Greece and the Balkan States. The physicians on the program for papers for the year are Dr. Eugene Buehler, Dr. Amelia R. Keller and Dr. S. E. Earp.

The papers are as follows: Dr. Eugene Buehler, Nov. 30—"Services of the Byzantine Empire to Civilization;" Feb. 15, "Internal History of Servia Since 1830;" May 17, "Bulgaria: Its Ethnical, Religious and Cultural Elements" Dr. Amelia R. Keller, Jan. 18, "The Loss of Hungary: Jan Sobieski;" April 5, "Formation of the Kingdom of Roumania;" Dr. S. E. Earp, Nov. 16, "Statesmen, Men of Science;" Dec. 21, "Christian Resistance; Scanderbeg and Hunyadi;" March 15, "Byron and Other Europeans in the Greek War;" May 31, "Bosnia and Herzogevina Since 1878."

INDIANA STATE NURSES MEET.

The twelfth annual convention of the Indiana State Nurses' Association met at the Hotel Severin, Oct. 15-16. The following was the program:

Invocation—Rev. Robt. N. Fulton.

Greeting—Dr. S. E. Earp.

Response—Ethel Jackson, R. N.

Address—President, Anna Rein, R. N.

Method of Establishing Visiting Nursing Associations—Miss Elizabeth Fox.

Discussion—Miss Laura Wilhelmson.

The Nurses' Part in Prevention of Disease in Children—Dr. E. B. Mumford.

Private Duty—Essie Armfield, R. N.

The Robt. W. Long State Hospital—Alice Fitzgerald, R. N.

The Red Cross—Elizabeth Johnson, R. N.

An Operative Clinic—By Dr. W. D. Gatch, at Robt. W. Long Hospital, Saturday, October 17, 8:30 a. m.

Dr. J. N. Hurty gave a talk on Child Welfare.

Miss Ida J. McCaslin, of Logansport, was elected president. Other officers elected were: First vice-president, Miss Bessie Graham, of South Bend; second vice-president, Miss Mary A. Meyers, of Indianapolis; treasurer, Miss Frances M. Ott, of Morocco. Miss Ida M. Gaskill, of Indianapolis, was re-elected secretary. Miss Gaskill wished to resign, but consented to serve again when the members voted to elect a recording and corresponding secretary at the next meeting.

Terre Haute was selected as the meet-

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ing place for the next convention to be held in the spring. The date for the meeting has not yet been determined.

CORRESPONDENCE.

Philadelphia, Pa., Sept. 21, 1914.

Samuel E. Earp, M.D., 24½ Kentucky Ave., Indianapolis, Ind.

My Dear Dr. Earp: I trust you will pardon my calling your attention to a mistake which I see on page 367 of the August journal, which is so frequently made by otherwise careful persons, that whenever I notice it I feel impelled to call attention to it.

It is in calling "sweet spirit of niter" —"spirits." I see it is a quoted article and the article probably was printed exactly as you have reproduced it.

Generally your journal is free from similar errors. Trusting that you will understand that I am writing in no carping spirit, with my very best wishes, believe me, Yours very sincerely,

LEWIS H. ADLER, Jr.

The point of Dr. Adler is well taken and yet I am glad that our proofreader let the superfluous "s" escape him. It gives an opportunity to call our readers' attention to a very common error and furthermore to emphasize the fact that the best therapeutists read this journal. Of this class Dr. Adler is a leader.

S. E. E.

French Lick, Ind., Oct. 25, 1914.

S. E. Earp, M.D., Editor.

Dear Doctor: Your editorial this month, "Loyalty to Home Industries," etc., is timely. I note Dr. Brayton's editorial on Mushroom Poisoning. I always keep the "Puff or Smoke Balls" in emergency cabinet, and have found them useful in nasal hemorrhage.

Yours truly,

W. E. RYAN, M.D.

October 8th, 1914.

Drs. Brayton and Earp, Editors of the Indianapolis Medical Journal.

My Dear Doctors: I am happy to announce to you that instead of following out the plan of converting "The Laboratory News" into a quarterly journal, on and after Oct. 1, 1914, it was consolidated with the "Medical Fortnightly," a journal that appears twice each month, one of the oldest journals in the Mississippi Valley.

The writer will conduct a special department covering all the features that have been covered in the past in "The Laboratory News." In addition to this, "The Medical Fortnightly" will contain its regular contributions on general medicine and surgery from the leading men at home and abroad. The combined journal, The Medical Fortnightly and Laboratory News, will be a far better proposition than what has been offered in the past. There will be no increase in subscription rates.

The writer wishes to thank you for your patronage in the past and trusts that the combined journal will receive the same kind support.

Fraternally yours,

R. B. H. GRADWOHL.

MISSISSIPPI VALLEY ASSOCIATION.

At the final session of the meeting of the Mississippi Valley Medical Association at Cincinnati Oct. 29, the following officers were elected: President, Dr. Hugh Cabot, of Boston; first vice-president, Dr. Willard J. Stone, of Toledo; second vice-president, Dr. Albert H. Freiberg, of Cincinnati; secretary, Dr. Henry Enos Tuley, of Louisville; treasurer, Dr. S. C. Stanton, of Chicago, and chairman of committee of arrangements, Dr. C. L. Wheeler, of Lexington, Ky. For the meeting place in October, 1915, Lexington, Ky., was selected.

INDIANAPOLIS A CITY OF HOMES.

Government statistics show that Indianapolis ranks in percentage of home-owning above such cities as Chicago, Philadelphia, Boston, Memphis, New York, Cincinnati, Louisville, Pittsburg, St. Louis and Atlanta. This shows that Indianapolis is not only a city of homes but it is one of home-owning population. The Star said: There is no more accurate index to the solidarity and character

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of a city's population than the percentage of people who find it possible to own the houses in which they live. It bespeaks a substance and a prosperity that is important as showing to the new citizen or the prospective manufacturer or business man the kind of people with whom he will deal and among whom he will work.

CONCERNING THE FREE DISPENSARY OF INDIANAPOLIS.

W. S. Lynn, pharmacist at the Dispensary of the University School of Medicine, says that since the first of January he has filled twenty-four thousand prescriptions. This shows what is being done for the poor by the members of the college faculty who are on the staff. Dr. A. L. Marshall is superintendent. Cards are issued to each patient by Mrs. Margaret L. Burckle, registration clerk. These cards are furnished so that each patient can have a complete record of his case. This is not only advantageous for the present needs, but also for future reference. Mrs. Mary V. McCoy is the head nurse and Miss Roy Tilley is assistant. Each patient is questioned carefully so that service is rendered to the worthy poor only. However, no emergency patients are turned away and this is true also in cases of syphilis. Salvarsan is given by specialists and the worthy poor receive treatment at the dispensary from skilled persons which costs the rich or persons who receive treatment elsewhere from two to three hundred dollars. The patients are required to pay the actual cost of the salvarsan, which is three dollars and fifty cents a dose and usually not more than two to five injections are given. Those at the head of the clinic are Drs. A. W. Brayton and F. W. Cregor. After the use of salvarsan there follows a mercurial course of treatment for which no charge is made to the patient. Then a Wassermann is again made by Dr. J. R. Thrasher. A complete record is kept at the desk by Miss Burckle and also in the laboratory. After a cure seems to have been established, such patients are required to come again in six months at which time a thorough examination is made including the Wassermann test.

Patients are also received outside of the stipulated dispensary hours, so that no one who is in need of medicine or surgical attention is neglected. This extra work is done by Dr. Fred Jackson. The obstetrical department is in charge of Dr. E. O. Asher and his corps of assistants, so that all cases of this char acter are given undivided attention. There are about fifty births each month. There are sections from the senior class who assist in the care of these patients and all others, but each one is in charge of a competent instructor. All cases in medicine and surgery requiring the care of a specialist are received by physicians who have scheduled hours at the dispensary.

The tuberculosis department has two hundred and fifty patients per month in charge of Dr. Alfred Henry and Dr. John Carmack. Miss Ida Gaskill is nurse. About three-fourths of the patients who come early are cured and the remainder are benefited. The doctors of Indianapolis who are on the staff and who give gratuitous service number one hundred. A tab is kept on each doctor and if dilatory, tardy or absent, his attention is at once called to it and if this does not prove remedial someone else takes his place. The social service is a wonderful aid in dispensary work which is under the direction of Dr. C. P. Emerson and Miss Edna Henry. There are about ten assistants who visit the homes of patients and see that all conditions are bettered. In this way it can be ascertained whether or not the directions of the physicians are accurately followed. General and special hygiene are special points which are looked after. Cleanliness and the benefit of ventilation are emphasized. Diet is always important and if necessary, as is very frequently the case, instruction in cooking is given by those who have been trained relative to the dietary of the sick. These are only a few of the things done by the dispensary social worker.

Both here and at the Long Hospital

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there is an officer who not only sees that things are done, but audits all accounts. This is Robert Neff, the registrar of the medical school, and while he never has an idle moment he does his work well. His assistants in the office are Mrs. Elizabeth Dixson and Miss Martha Hill; at the Long Hospital, Alice Fitzgerald, Sarah Lowes, Loretta Roser, Minnie Springer, Edith Casteen, Elnora Williams and Miss Baily. The internes are E. L. Lingeman, Robert M. Moore and Miss Marie Kast. Dean Emerson is at the head of the hospital and the consulting staff consists of the faculty of the medical school. S. E. EARP.

DR. HARRIETT TURNER.

Memorial by Women Physicians of Indianapolis.

Resolved, That with feelings of sorrow we meet to pass tribute in memory of Dr. Harriett Turner, one who has long been known as an honorable member and co-laborer in the medical profession of Indianapolis. She had in great degree the quality of personal magnetism, which drew friends to her and held them fast. Always unassuming, she went about her unceasing activities with untiring energy and unswerving honesty. As student and physician she possessed industry and courage, talent, kindliness and practical qualities. Her conduct and attainments commanded the respect and admiration of all with whom she came in contact.

Therefore, We, the women physicians of Indianapolis, pass these resolutions.

JANE MERRILL KETCHAM, M.D.
LUELLA SCHNECK, M.D.
Committee.

An account of Dr. Turner's death was given on page 464 of our October issue.
S. E. E.

DOCTORS WIN MALPRACTICE SUIT.

Word from Shelbyville, Ind., Nov. 2, has been received showing that a verdict for the defendants, Drs. Hugh Elliott and John Paxton, both of Rushville, was returned by the jury in the $15,000 damage suit filed by Harold Chaney, of Glenwood, on a charge of malpractice. The plaintiff alleged that he had been treated for rheumatism when in reality his condition was due to a fracture. The defendants averred that they had treated Chaney for fracture. Carlton Chaney, the plaintiff's father, several months ago, lost in a suit for $5,000 filed against the same defendants on similar allegations. The last case had been on trial in the Shelby circuit court three weeks.

DR. STEPHEN HUNT SUDDENLY DIES AT COATESVILLE, IND.

Dr. Stephen Hunt, who had practiced medicine at Coatesville for many years, died very suddenly November 8 of apoplexy. Dr. Hunt had been in good health and the best of spirits up to the time of his death.

Dr. Hunt was born at Friendship, N. C., June 17, 1845, and came to Hendricks county as a young man. He was graduated from old Asbury College (now DePauw University) in 1874 and later graduated from Rush Medical College, Chicago, earning his way through college and medical school by teaching.

He entered the practice of medicine here in 1880 and practiced until 1887, when he went to Terre Haute. He returned to Coatesville in July, 1888, and had practiced here continuously ever since.

NEWS ITEMS.

Dr. T. W. DeHass has returned from a visit to his mother in Hillsboro, Ohio.

Dr. Wm. Shimer read a paper before the Putnam County Medical Society at Greencastle, Oct. 13.

Dr. Milton McCarty has been making addresses in Indianapolis in favor of a constitutional convention.

Dr. A. L. Marshall has removed his office to 520 Hume-Mansur building for exclusive practice of the diseases and surgery of the eye. Dr. Marshall was formerly superintendent of the Protestant Deaconess Hospital and is superintendent of the City Dispensary. He be-

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comes the office associate of Dr. W. S. Tomlin.

Dr. J. B. Garrett has returned from a few days' visit to Hillsboro, Ohio.

Dr. and Mrs. Chas. Pfafflin and daughter, who spent the summer in Berlin, have returned.

The authorities of St. Vincent's Hospital have opened a register for its own graduate nurses.

Dr. A. L. Wilson has removed his office from 809 I. O. O. F. building to 211 Newton Claypool.

Dr. C. B. Gutelius, 416 Board of Trade building, has recovered, following an operation for appendicitis.

Dr. Wm. S. Tomlin returned home Oct. 22 from New York and Boston, where he spent several weeks.

At the National Insurance Convention held in Dallas, Texas, Dr. F. W. Foxworthy was elected vice-president.

Dr. Amelia R. Keller was elected vice-president of the State Federation of Women at the meeting at Evansville, Oct. 21.

Dr. Hannah M. Graham, 2232 North Meridian street, received informally for the women physicians of the city on October 18.

By invitation, Dr. Paul Coble, of Indianapolis conducted a nose and throat clinic at Washington University the latter part of October.

Dr. W. E. Ryan, of French Lick, is president of the Association of Surgeons of the Southern Railway Company of the Western district.

The seminars of the University School during the year will be held as follows: Surgery, the third Friday; medicine, the first Friday of each month at 5 p. m. The scientific seminar once each month, subject to the announcement of Dean Emerson. The past month the following was the program: Scientific, C. E. Emerson, chairman; reviewers, E. H. Lindley, J. R. Newcomb and H. R. Allen; surgery, J. H. Oliver, chairman; reviewers, E. D. Wales, H. G. Hamer and M. N. Hadley; medicine, S. E. Earp, chairman; reviewers, C. P. Emerson, W. H. Foreman and J. D. Miller. Members of the medical profession even if not affiliated with the college are invited to attend these meetings.

Dr. Frank S. Crockett, of Lafayette, Ind., who with his wife, is in England, engaged in professional work, has lately been complimented by being advanced to the vacancy of assistant surgeon in St. Peter's Hospital, London. His predecessor in the position became a surgeon in the army of the allies in Belgium and France, and Dr. Crockett was selected to fill his position until he returns from army service.

Miss Lucille L. Scott, daughter of Mrs. Grace L. Scott, was married to Alembert Winthrop Brayton, Jr., son of Dr. A. W. Brayton, of this Journal, Oct. 13. The wedding took place at the home of the bride's grandmother, Mrs. A. M. Lee. Rev. A. B. Storms performed the ceremony. Mr. and Mrs. Brayton will live at 2501 North Alabama street after December 1.

Dr. E. C. Denny, Indiana University, 1911, has returned from Chicago, where he has been doing postgraduate work in anesthesia, and will affiliate himself with the resident medical service of the Deaconess Hospital, of Indianapolis.

Dr. E. F. Suhre, of Forest, Ind., is health commissioner, and Dr. C. A. Zinn, of Frankfort, Ind., assistant commissioner of Clinton county.

Dr. Clifford L. Bartlett, of Indianapolis, and graduate from the Indiana University

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School of Medicine, is a member of the teaching force of the State University, Iowa City, Iowa. He is in the pathological department.

At the election Nov. 3, Dr. Richard A. Poole, Republican, was elected coroner. He was interne at the City Hospital and assistant police surgeon some years ago. He succeeds Dr. C. O. Durham, Democrat, who has been an efficient and painstaking official.

Miss Elthea Boling, of Salem, and Dr. L. L. Whitesides, of Franklin, were married at the home of the bride's godparents, Nov. 3, by the Rev. R. D. McKinley. They will live in Franklin. The bridegroom is a member of the Johnson County Medical Society.

Dr. Edward W. Markwell died at the Indianapolis City Hospital Sept. 22, of septicemia, following tonsillectomy. Dr. Markwell graduated from the Indiana University School of Medicine last June and became an interne at the hospital as the result of a competitive examination. He had shown an unusual thoroughness in his work, both as student and interne and was quite popular among his associates. Before entering college he lived at Georgetown, Ind.

John L. Marsee, 78 years old, who has lived in the same block on South street for sixty-one years, died suddenly at his home Oct. 20. He was educated at the seminary which once stood in University Square. He was a Republican, and for many years a member of the City Council. He was the brother of Dr. Joseph Marsee who was a prominent surgeon in Indianapolis for many years, and died about ten years ago of cancer of the stomach. The brothers Marsee were large men with a full growth of gray hair and their manly bearing attracted considerable attention. Dr. Marsee was at one time a partner of the well known war surgeon, Dr. J. A. Comingore, and succeeded him as surgeon of several of the railroads. Later the railroad work in Indianapolis was divided among Dr. J. H. Ford, J. H. Oliver, David Ross, J. A. Sutcliffe and others.

The Blackmore Nursing Association held a banquet at the Hotel English Nov. 4, with twenty-five couples present. Dr. C. R. Strickland was toastmaster, and toasts were given by Dr. Goethe Link, Miss Mabel Martin, Miss Anna Craven and Elliott Tibbetts.

There was an improvement in the contagious and infectious disease situation in Indianapolis last month, as compared with October, 1913, according to the monthly report of the city health board. There was a decrease in the number of new cases reported in almost every kind of contagious and infectious disease. The number of cases reported last month was as follows: Diphtheria, 72; typhoid fever, 60; tuberculosis, 52; scarlet fever, 30; chickenpox, 19; whooping cough, 11; measles, 8; smallpox, 1.

WHAT MADE HIS FEET SORE.

The proverbial hardness of a negro's head is a favorite subject of jest. In this relation, an Atlanta man tells his story.

One afternoon a negro boy about fifteen years old was proceeding with some difficulty along a road leading into the city. His feet were bound up in immense rolls of cloth. His hair, especially that of the top of the head, seemed to be a bit "mussed up."

"What's de matter?" asked a friend.

"Mah foots is sore," explained the boy. "Pap, he done hit me on the haid wif his ax an' I was standin' on some ole iron." —Lippincott's.

When a man and a woman discuss the subject of matrimony, one seldom gets the better of the other. It usually results in a tie.—Lippincott's.

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BOOK AND JOURNAL REVIEWS.

The Clinics of John B. Murphy, M.D., at Mercy Hospital, Chicago. June and August, 1914. Published bi-monthly by W. B. Saunders Company. Philadelphia and London.

A positive and confident manner is a fine attribute in a teacher. Danton said of Robespierre, "This man is confident; he means every word he utters." This can be repeated of Dr. Murphy.

There has been so much shilly-shallying about Paget's disease that it is high time someone of distinction and respectability like Dr. Murphy should come out flat-footedly and say without "if's nor and's" that Paget's disease is cancer and cancer from the very first, when the delicate crust may be picked off a little red nipple. It is, says Dr. Murphy, the most wicked type of cancer which occurs in the breast. "That little exudate which comes out and keeps coming is merely the discharge of the necrotic area which develops in the slowly advancing but terrifically malignant disease. Remember, Paget's cancer has a final cancer mortality of something over 90 per cent. as it is operated now. The patient, as a rule, first calls the doctor's attention to it, who treats it with pastes and salves, and it is not operated until the axillary glands are involved and until the life of the patient is extremely hazarded. Now, if we as doctors know, and if we as doctors recognize, that Paget's disease is always a malignant disease from the very first day, then we should make the diagnosis and should remove the breast as soon as the lesion is discovered. Paget's disease should have a complete amputation of the breast the moment you see that secretion from the nipple, because that small scab is the beginning of carcinoma, just as much as the crack on the lip or the chronic ulcer of the lip is the first stage of a carcinoma. That breast must all come out."

The June number of "The Clinics" presents a series of illustrations of the steps in Murphy's operation for ankylosis of the jaw. Certainly any surgeon of average skill should be able to perform this operation after a review of these pictures. Dr. Murphy said in London that this technic is as simple as that of an interval operation for appendicitis. It consists in division of the neck of the mandible with a Gigli saw and interposition between the divided ends of a pedicled fascia and fat flap dissected out from the temperal fascia.

In the August number is an excellent verbatim report of a discussion of Dr. Murphy of radical breast surgery. Dr. Murphy as is well known does not remove the pectoral muscles since his own observations and those of Bryant and Greenough have convinced him that recurrence in the pectoral muscles is extremely rare. Moreover, he believes that by leaving the pectoral muscles he can prevent edema of the arm. This he does by dividing the pectoralis major and minor at their costal attachment after removing the lymph-bearing fascia covering them and turning the muscles across the axillary space in such a way as to cover the vessels and nerves with a thick pad. Dr. Murphy says, "It was believed for a long time that obstruction to the lymph return produced edema, whereas, in fact, it is due to the obstruction to venus return.

Murphy contends that if you do not put something in the axillary space, you must dress the arm at right angles. Hawarden took up this matter of dressing the arm at right angles in a hyperabducted position in order to make the skin-flap lie close to the chest and lessen the subsequent connective-tissue formation. If you do not obliterate this space, it will fill up with connective-tissue. First, there will be hematoma, which will clot and finally organize, with formation of connective-tissue.

Perhaps the best review of these clinical reports and lectures would take the form of an earnest admonition to all students and practitioners of surgery to read

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and re-read and then apply in daily work the useful precepts which Dr. Murphy gives us out of his enormous learning and experience.

JOSEPH RILUS EASTMAN.

A Notable Work on Biological Therapeutics.

A book of uncommon interest and value to physicians has just been issued from the press of Parke, Davis & Co. It is a new "Manual of Biological Therapeutics," receipt of a copy of which is hereby acknowledged by the editor of this journal. The book is handsomely printed in large, clear type, on heavy enameled paper, and bound in cloth. It contains 174 pages of text, upwards of thirty full-page plates in color, and a number of half-tone illustrations in black and white, together with a comprehensive index. As its title suggests, it is a concise and practical treatise on biological therapeutics, and so replete with useful information that no practitioner should miss the opportunity to secure a copy, especially in view of the fact that the publishers announce that the entire edition is to be distributed gratuitously to members of the medical profession, on individual application.

Something of the scope and value of the work may be inferred from this incomplete list of the subjects treated: Biology; Bacteria; Immunity; The Preparation and Uses of Sera; Antidiphtheric Serum; Concentrated Diphtheria Antitoxin; Allergic Reactions; Antitetanic Serum and Globulins; Antigonococcic Serum; Antimeningitic Serum; Antistreptococcic Serum; Bacterial Vaccines or Bacterins; The Opsonic Index and Description of Method of Taking It; When Serum Should be Used and When Bacterial Vaccines are to be Preferred; The Various Bacterins and Their Indications; Smallpox Vaccine; Pasteur Antirable Vaccine; The Diagnosis of Typhoid Fever; The Agglutination Test Without a Microscope; The Agglutometer; Ehrlich's Diazo-Reaction in Typhoid Fever; Gonococcus Antigen; The Wassermann Reaction; Coley's Mixture; Coagulose or Hemostatic Ferment; Bacillus Lactis Bulgaricus; Phylacogens, their Preparation and Mode of Use; Mixed Infection Phylacogen; Pneumonia Phylacogen; Gonorrhea Phylacogen; Erysipelas Phylacogen; Rheumatism Phylacogen; Typhoid Phylacogen; Tuberculins in Diagnosis and Treatment; Organotherapy; Thyroidectin and Thyroprotein; Thyroid and Thymus Glands; Adrenalin and Pituitrin; Corpora Lutea; The Biological Farm and Research Laboratory.

To our physician friends we suggest the propriety of writing at once for a copy of this "Manual of Biological Therapeutics," addressing the request to Parke, Davis & Co., at their home office in Detroit, Michigan. It will not be amiss to mention this journal in writing.

Handbook of Pharmacology. By Charles W. Greene, A.B., A.M., Ph.D. Octavo, 420 pages. Illustrated by 70 engravings in black and colors. Extra muslin, $3.50 net. Wm. Wood & Co., publishers, New York.

At the outset the reader is given an opportunity to have a thorough understanding as to what is understood as pharmacology. Not only is the nature of the action of drugs gone over carefully, but also the bearing that pharmacological action has to chemical composition. The factors modifying such action, together with the nature of the change induced by drugs in the pharmacological actions of the body, furnishes a better understanding. Perhaps there is no more important chapter than the one which deals with the alcohol group. This is a subject about which we know too little, and I am glad to find the facts stated in the text. The colored plates are really works of art, and make plain the text. Some of these which attracted my attention are neuron-relations in the spinal cord; origin and source of the cardiac nerves in the dog, showing the constituent neurones, and diagrammatic representation of the neurones in the innervations of the salivary glands.

The strong argument for this volume is that it presents pure pharmacology.

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For the student's use it is therefore simpler, does not swamp the student in therapeutics which belongs to the practical course, does not confuse his attention with materia medica and the adaptation of dose to disease which he does not yet know. The book is well analyzed, presents condensed statements of action with many chapters closed by specific summaries—in fact in a pedagogical way it conserves the time of both student and teacher. On the other hand it is not without value to the practical physician in that it gives him the specific action of numerous individual drugs in easy and accessible form for his review and reference.

S. E. EARP.

The Case of Belgium in the Present War. Published for the Belgian Delegates to the United States. By the Macmillan Company. 1914.

This is an account of the violation of the neutrality of Belgian territory and of the laws of war on Belgian territory. It speaks of the attacks on the property of individuals and the confiscation of the funds of private and public institutions, of the bombardment in violation of the Hague rules, the use of explosive bullets, of the findings of the commission of inquiry and details the proceedings of this commission. It states in the finale of the preface that it is an appeal supported by Belgium's rights ready to endure everything to maintain them, not asking for pity but justice. She asks it for herself and asks it especially for the honor of civilization and of humanity.

S. E. E.

Ambidexterity and Mental Culture. New York. The Rebman Company, Herald Square. 100 pages, 66 mo. Price 75 cents. The author is an M.D., an ex-professor of Queen's University, Ireland.

The author bears many titles and honors as an author on education. He describes the theories as to the sources of right hand use; relations to the brain; also a chapter on its relation to writing, drawing and music, the Montessori Method, and right-handedness. He closes with a chapter on the advantages of ambidexterity in games of skill; in drawing, citing Sir Edmond Landseer, Paderewski, Boy Scouts, typewriters and others. It is indeed a charming book.

The writer recalls that the late Dr. James L. Thompson, of Indianapolis, most eminent of Western oculists for a period of over 40 years, operated cataracts with either hand; also the late Dr. Wm. B. Fletcher of Indianapolis, eminent in psychotherapy and physiology, used either hand in drawing on the class board. Indeed, ambidexterity is not a freakish capability, its possessors are more often highly gifted mentally as well as physically than the average. The book is interesting and worth while.

A. W. B.

Forchheimer's Therapeusis of Internal Diseases. Edited by Frank Billings, S. M., M.D., Professor of Medicine, University of Chicago and Rush Medical College; and Ernest E. Irons, M.D., Ph.D., assistant Professor of Medicine, Rush Medical College, Chicago. Volume V. New York and London. D. Appleton and Company. 1914.

Four volumes of this series have been reviewed at length in these columns. All that was said was commendatory. The range of the subject was extensive. There is a condensation of almost every portion of the text and yet the information given is adequate. I have lost no opportunity to express my satisfaction after a careful examination of the four volumes. Perhaps there was more needed and the completion is accompanied by the appearance of Volume V., edited by Drs. Billings and Irons. Active immunization by inoculation with bacteria or their products to prevent and cure the diseases due to infection is splendidly presented. Chemotherapy is taken up comprehensively. The new field of therapeutic work is carefully considered and particularly the newer theories of ferments. A careful perusal of the book may change our ideas of certain forms of specific treatment and upon this subject we needed more light. The more important

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principles of specific therapy are embodied in the text, yet nothing seems superfluous, nor is any portion slighted. Immunity is not lost sight of in what is said and in this, too, ideas have changed. We find also a description of the diagnostic reactions and the use of sera and vaccines and the conditions under which they can be advantageously used. It is the intent of the contributors that this volume shall have influence in guiding aright those who desire to make proper use of specific immunologic methods of therapy. Evidently the reader will conclude that this desire will be accomplished. S. E. E.

The Therapeutic Value of the Potato. By Heaton C. Howard, L. R. C. P., London, M. R. C. S., Eng. Published by Paul B. Hoeber, 69 East 59th street, New York.

The contents of this publication is based upon an article contributed by the author to the Lancet of April 11, 1914. After the chemistry of the potato, its preparations are given. Attention is called to its value in the treatment of synovitis, gout, lumbago, rheumatism, fibrositis and bruises. The application of this agent by means of a bandage is explained and also its use hypodermically. Chapter VII speaks of an instrument called the digit meter and another the hallux meter, which are adjuncts in the treatment suggested. S. E. E.

Local Anesthesia. By Dr. Arthur Schlesinger, of Berlin. Translated by F. S. Arnold, B. A., M. B., B.Ch., (Oxon). Illustrated. New York. Rebman Company, 141 West 36th St., Herald Square Building. Price $1.25. Pages 211. Pictures 22. 12 mo.

This is a good treatise, from high sources. As it is a very present and important subject, small space is given to theory; technique and results are dealt with fully. Forty pages deal with history, principles, anesthesia by cold, and by anemia, produced by constriction, by infiltration by Schleich's method, and by suprarenal preparations. The latter methods take us through 20 pages. Then we have 20 pages on the technique and methods, with chapters on operations on the face, scalp, ear, nasal organs and eye. Separate chapters deal with the cervical region, the thorax, extremities and the abdomen; concluding with the anal region and genito-urinary tract. Crile's recent anoci methods are not discussed.

This is an example of German thoroughness and an excellent English translation, and clear elucidation of a very important subject.

The book is made for keeps—covers, paper and all—as with all Rebman books. A. W. B.

NEPHRITIS AND NEPHROSIS.

Since it has been asserted that the so-called parenchymatous nephritis is not inflammatory but degenerative in character, various attempts have been made to take it out of the realm of the nephritides. It is admitted, however, that it still constitutes an important subdivision of Bright's disease. Muller proposed the term nephrosis as a substitute for parenchymatous nephritis, for the latter even when preceded by cloudy swelling is degenerative in nature from beginning to end. The blood vessels and glomeruli are hardly involved in the process and the heart does not undergo hypertrophy. There are several other nephroses, notably amyloid kidney. In a paper read at a session of the Aerztlicher Verein of Hamburg (Deutsche medizinische Wochenschrift, September 3) Fahr, after isolating the nephroses, as above, divides true nephritis into interstitial and arteriosclerotic, each of which is subdivided so that four types result: 1. Diffuse glomerulonephritis, which is the forerunner of secondary cirrhotic kidney. 2. Focal interstitial nephritis, which comprises several conditions of minor clinical import. 3. Primary arteriosclerotic kidney, which is very variable in degree and associated, as a rule, with arteriosclerosis in general. 4. The combined form, in which marked arteriosclerotic changes may complicate a nephrosis or nephritis. There is still much confusion as to what really constitutes primary or essential contracting kidney.—Medical Record, Oct. 31.

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ORIGINAL COMMUNICATIONS.

ANESTHESIA FROM STANDPOINT OF THE OCCASIONAL ANESTHETIST.

By S. L. Egart, M. D., Indianapolis, Anesthetist at the Indianapolis City Hospital.

Amid all that has been said lately on the subject of anesthesia, no one has approached the subject from the standpoint of the occasional anesthetist. Oftentimes it is a question whether to submit to his ministrations with the attendant dangers, difficulties and shock, or whether, at the expense of some trouble and extra cost to call in an experienced man or an expert. Sometimes it is only a question of the personal feelings of the family physician who insists that he must give the anesthetic to keep up appearances with his clientele. Sometimes it is urged that even when an expert is employed, the anesthesia is not smooth, or that there is great difficulty in handling the case and danger of the patient dying.

Who and what is an expert anesthetist? Is a man an expert because he may have given a few anesthetics without the patient dying? Can he be sure he can do the best for every patient, and in every contingency? Upon what does this assurance rest? How is the surgeon and the laity to know whom to employ for this important work?

Certainly a man who has taken an internship in a hospital is better fitted, as a rule, to administer anesthetics than the man who has not taken an internship, and his record at the hospital should be available. A man who has taken a training in a private hospital under the direction of a good anesthetist for one surgeon or set of surgeons working together will sooner acquire proficiency than one who has been in a general hospital under the direction of many. But, given a good record, certainly numbers count for a great deal. After giving several thousand anesthetics a man is in a better position to realize the limitations of human efficiency. He becomes more watchful rather than less, and he appreciates the value of certain procedures that make for the conservation of the patient's vitality.

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A specialist, therefore, might well be termed one that has given a thousand anesthetics, and the limitation had better be set at two thousand or more. Less than that number and above a hundred may well mark the experienced, while those who administer anesthetics less than fifty times a year could hardly be classed as more than amateur, however nice their work may be. The terms: good amateur, fair amateur might express different degrees of relative worth, and then the simple term "amateur" would indicate, "take him if you like, we don't recommend him." Could not a central body control the giving of such titles?

Sometimes the family physician is employed largely for economical reasons, although as a matter of fact, it is not really a saving, for oftentimes serious results follow this practice, and in this way a far greater expense is involved than if twenty-five dollars or fifty dollars had been paid for an expert.

Curiously enough a person will promptly consult a good lawyer when some simple legal question is involved, or will quickly send for a veterinary surgeon if a valuable animal is sick, but he will at the same time close his eyes to imminent danger when it is a question of an anesthetic. He carefully inquires into the ability of the surgeon who is going to operate on himself or any member of his family, and is willing to pay for a man that is competent to do the work, but when it comes to the question of an anesthetic, that most dreadful part of the whole procedure, the one thing about the case that strikes terror into the heart of himself and his family he manifests a strange and a stupid indifference. He permits his only child or his loving wife to go trembling with fear into the care of one whom he ought to know is incompetent.

And what shall I say of a man, a physician, who does or should know the dangers and the difficulties and the deterrent factors that he throws against the patient, his patient, when he assumes the responsibility of giving the anesthetic when he knows he is not competent to do it, and he does it because he wants that small fee for himself.

Can anything excuse such a man if his patient dies or comes through the operation in a morbid state? Is there anything that can extenuate such a crime? No, in justice nothing should be said that will in the least ease the conscience, or cover up the reputation of such a man. And woe to the surgeon if he can not say to the people afterwards, I told you of the dangers, I explained to you the advantages of having a man accustomed to the work and you choose this man in spite of all. He did his best, it is true, but you ought to have known that a man specially trained for the work was bound to be able to do the work to better advantage. It is surely unfortunate. Remember that next time.

It is not expected that the many simple operations and trivial injuries for the repair of which a patient may need to be anesthetized for a few moments only, shall require the services of a specialist, but the practice is not restricted to apparently simple conditions. Even in grave conditions of shock or sepsis; or where the abdominal muscles have to be relaxed, perhaps at the expense of profound anesthesia; or where the operation promises to be of long duration; cases of tonsilectomy and adenoidectomy, most difficult of all cases to anesthetize to the best advantage of the surgeon and the patient, one and all are too often left in the hands of one of too little experience.

In some sections of the country it is difficult or practically impossible to secure men of experience to do this work, besides even in built up communities accidents may occur which demand instant relief and it is therefore very much to be desired that every physician should, so far as possible, become familiar with the simple and practical points of anesthetization, so that he may be able to deal with the patient in an intelligent manner when obliged to assume this grave responsibility.

Ether and chloroform are still the anesthetics of choice for emergency work outside of hospitals, and in artificial light

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other than electric light, it is dangerous to handle ether. In other events chloroform is not to be recommended in place of ether in uncomplicated cases. It is the most powerful poison in the whole list of anesthetics, and the margin of safety beyond sufficient anesthesia is so small that, accidents ocurring, there is little chance to do anything for the patient. That it is easier of administration is not true, for properly administered ether has all the advantages and little of the disadvantages of the former, and the margin of safety with the open method is very wide. With common sense and watchfulness it is next to impossible for danger to come up without being perceived in time to check it by the simple withdrawal of the anesthetic if necessary or relieving the airway which is most often the seat of the trouble. Rarely should artificial respiration or stimulation be necessary, and, except in the case of alcoholics, tobacco fiends, and short, thickneck individuals, there should be little difficulty in securing relaxation. Muscular, athletic young men may have to be restrained during the period of induction.

There are, however, some things in regard to ether that have to be kept in mind; it is irritating to the throat of the conscious patient, it will run into the mouth and eyes of the patient if used too copiously, and it freezes on evaporating, thus preventing to a certain extent the atmosphere and more vapors from entering through the meshes of the mask. From these three points we get our clue to the great principles in etherization. It should be administered slowly in the conscious state, rapidly in the excitement stage and sufficiently throughout the remaining period. It should not be allowed to run onto the patient's face nor into his eyes nor mouth. Anointing or sealing the eyes is of doubtful efficiency and anointing the face is unnecessary. There are several methods recommended for meeting these conditions, but however efficient they may all be in themselves, I have found none that can be described so definitely as the drop method, and certainly for keeping the attention on the patient it is the most efficient.

It is not expected that the anesthetist shall keep his eyes fastened stolidly upon the patient's features, nor that he should never look at the field of operation. An intelligent knowledge of all that is going on is essential to the proper handling of the narcosis, but the man of limited experience who discusses the operation or other topics while administering the anesthetic has not a sufficient appreciation of the value of human life to be intrusted with this important mission. The attention should be fixed especially on the respirations so that every one is either heard or felt, and for this purpose the finger should be slipped under the mask when necessary. Thus only can he gain a true knowledge of the extent of freedom of the airway, and the value of the respiratory movements, and this, as I have said, is the factor that is most often at fault in the time of danger. This is the indicator that will warn the watchful man of the variations in the patient's condition. Given respirations that are entirely beyond suspicion, and a patient that is not interfering with the freedom of the surgeon, the casual anesthetist can pat himself on the back and rest easy about the life of his patient. This is about the extent of the efficiency he should aim at. The other refinements of anesthesia had better be let alone by him.

But even then, the casual anesthetist had better to set a rule with himself to examine the patient at regular intervals, say every five minutes or ten minutes and not longer apart than every fifteen minutes, according to the ease or difficulty he is having with the patient. At such times let him note the rate, volume, rhythm and force of the pulse, and in this regard the condition of the pulse at the beginning, as well as its condition in ordinary life, is to be taken into consideration. If its quality seems worse than when I began, then I shall watch it a while. That may be only temporary, due to some surgical procedure, especially if the patient seems to be doing well otherwise. The color of the face can be noted at the same time. The ear lobe is an excellent indicator, but it is not infallible. Perhaps the lips, the tongue,

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or the gums show cyanosis. Perhaps the face is pale. If it pinks up quickly with gentle massage, the chances are the patient is standing the operation well. Are the pupils wide? Perhaps that is all right. Were they smaller at the last period? Then how are the respirations, perhaps that respiratory sound which you interpreted for a moan has passed into the expiratory sound of profound anesthesia. Are you in doubt? You have the jaw in the proper position with the tongue well forward. Then take the mask from the face a few moments and watch, there is not great alarm, you will soon see for yourself. The chances are that patient was a little farther than he should be. It is well you were watching so closely. Go on now a little slower.

The principles of anesthetization can best be learned from some text-book on therapeutics, and any one of them will do. It is not enough to read the subject once, twice, or a dozen times. The unusual administrator should be sure he could deliver a lecture on the subject that would be thorough and would not depart in any essential from the text, otherwise he should reread the principal parts prior to the giving of an anesthetic. Text-books on the subject should be avoided by him, for they fill the mind with a confusion of ideas which it is impossible to straighten out in action. For collateral reading I recommend the excellent chapter on anesthesia in Dr. Sluss's "Emergency Surgery."

Many young physicians approach the subject with a great nervous tension, fearing lest they may not be able to recognize trouble when it arises, and therefore they are not able to deal with the patient with the necessary firmness. In the first place one must be familiar with the sounds of the respirations as expressed in health and under narcosis. If the one who is trying to learn these is capable of standing by without anxiety when an anesthetic is being administered, the sounds will so impress themselves on his consciousness that he will recognize them when heard again. In addition to that he should be familiar with these sounds in different diseased conditions, and should know that he is quick to perceive changes when they occur. He should be a good judge of the pulse, and quick to detect changes in sick people as indicated by the general appearance. He must have the habit of observation.

The idea seems to prevail that to impress a patient favorably one must assume a know-all demeanor, but one will gain the confidence of the patient much better by some such simple assurance as the following: I shall do the very best I can for you. I do not want you to have a choky sensation. I shall not give it fast and I shall take good care of you. Yes, I know you are nervous, but that is quite natural, it is because this is something out of the ordinary. Oh! the heart beating fast does not make any difference, it will quiet down under the anesthetic. Ether stimulates the heart and steadies it.

One should be careful not to suggest any fear that the patient has not already, and for some, therefore, it will be better not to talk at all while others may require to be dealt with firmly if not sternly. A patient is not concerned about whether you know all about anesthesia, but they do want to know that you will watch them closely and treat them kindly, so why assume the air of knowledge you have not. Even if they know this is your first experience, if you impress them that you will take good care of them, they will much prefer you to an experienced man that does not so impress them. When you have gained your patient's confidence you have one great factor in your favor. By this time the mask should be on the face, and you will now have no difficulty in getting the patient to place the arms to the side. At this time and later, friends who have more or less anxiety about the patient should not be allowed to speak to the patient. This is especially true of children. A little wholesome neglect from such makes the patient feel that all is well. Extraordinary cases have to be handled in an extraordinary manner. Of these I can not treat in this paper.

Since the object of this paper is to

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deal with generalities the reader is referred, for a full description of the drop method, to the pamphlet issued by Squibb & Son on the subject which may be had for the asking. Any mask that fits the face will do, and the gause should be thick enough to allow a free use of the anesthetic without danger of it dropping through instead of permeating to all parts of the mask, and when saturated it should drip from the dependent portions and not from the dome of the mask. Such a mask will allow as free use of ether as any man may desire without the troubles mentioned before. Such a mask will contain, generally, about twelve thicknesses.

The greatest difficulty with the beginner is that he deals too timidly with the patient and therefore not intelligently with him. They start too rapidly and when it comes time to push it they have not the courage and they lose a great deal of time besides prolonging the struggle. At the pscyhic moment too much ether can not be given with the open mask, provided it does not run off nor drip into the patient's mouth. Some recommend that some ether be put on the mask, which is then held a little way from the face of the patient and gradually brought nearer. A much better way is to place the mask over the face whilst employing some such form of gaining the patient's confidence as that recommended above.

Some device for controlling the drop without having to give it too much attention is necessary, and for this I have devised a little instrument which works excellently well. Ferguson recommends a wick, while others claim to be able to do this with an ordinary safety pin. Any device that will deliver more rapidly when tilted more evidently requires to be watched, else one may be administering faster than he wants and irritation and coughing or struggling may result. Begin by dropping at an even rate and distributing it evenly over the mask, twenty drops the first minute. Use the watch for a minute of the mind and a minute of time are not sometimes the same. Now begin gradually to increase, watching the time so that by the end of the third minute when the patient is into or near the excitement stage one is giving three drops per second, which is as fast as it can be dropped, and continue this rate throughout the administration, guided, of course, by good common sense. This is about as fast as the ordinary case will evaporate the ether.

This is about as far as I can go in my directions in this paper. It was difficult, in some instances, to decide just what to say to the beginner that would not also lead him into trouble. No one, however well he may write, can put experienced heads on inexperienced shoulders, and so, when all is read, one has to use common sense and practice before one can become proficient. This paper will have fulfilled its mission if it has called attention to the too great laxity in the matter of choosing an anesthetist, and has pointed a way in which the physician and the surgeon may meet the difficulty without injuring their patronage. As a final word, I wish to again remind the beginner that when trouble arises it is most often something connected with the airway, and to caution him to study these and how to deal with them. In the induction, whatever is necessary to be done for the patient that requires the removal of the mask should be done as quickly as is consistent with the good of the patient. A few breaths of pure air at this time set one back considerably.

Since writing the above, my attention has been called to the danger of giving an anesthetic to a person when his stomach is full. I am told that quite frequently these patients die early in the narcosis. This has not been my experience, but it comes to me from an authority which I can not ignore and therefore I have appended it here.

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CONCERNING MASSAGE.

By W. C. Wood, Indianapolis.

It is not the intention of this article to present either a history of massage from the time of the crude rubbings of the Roman slaves onward to the scientific developments originated by Peter Henry Ling, and so to the present day, or a lengthy discussion of the use of the art in medical treatment, for the space at command is limited, and the subject is too large to admit of a circumscribed presentation. Therefore it is desired simply to advance a few arguments to show, as briefly as possible, reasons why massage should be used by physicians as a help in the treatment of cases in which it is indicated, and to give some excerpts from well known authorities in support of the use of massage under proper conditions.

Firstly, then, it is presupposed that no physician will deny the value of massage when properly administered, or will not admit that its effect has been good in many cases in which it has been used. Taking this for granted, the question naturally arises, why is it not used oftener? The physician knows what he is prescribing, he knows that when he refers a case to a massagist he is running no risk of his patient being the victim of a charlatan who promises everything and accomplishes nothing, or of one who claims marvelous powers by which wonders may be accomplished without the aid of medicine or anything else; or again, of those who have obtained some new and wonderful method of treatment by which any and all diseases can be cured by touching a nerve here, or a bone there. He knows that his patient is getting just what he prescribed—massage—and nothing more, always supposing that he is careful to refer his cases to an operator whom he knows is qualified. He is very careful that his medicinal prescription shall be properly filled. Why should he not be as careful about his living prescription? Summed up in a few words, if results are expected to be obtained, massage must be administered by one who has been trained in the art, otherwise failure can not be placed upon massage itself but upon the administrator. Why not use it then when indicated?

Massage has a direct effect or influence upon the skin, muscles, blood vessels and nerves; upon the skin because it renders it more supple because it clears up the surface which in many cases presents a scaly appearance, because it rouses activity in the capillary circulation and because it produces a delightful sense of elasticity where before was dullness and inertia; upon the muscles because it gives tone to them when, from some cause (whether it be from illness or advanced age), they need it, because it acts as a mode of exercise for them without any expenditure of nerve force by the patient, when muscle exercise is very much needed, and yet the effort of taking such exercise would counteract any good effect, as in convalescence. Dr. Douglas Graham says: "Fatigue is an indication that waste is greater than repair. Muscular fatigue from overexertion or want of exercise is relieved by massage, which promotes a more rapid absorption of waste products and stimulates the tardy peripheral circulation upon which weariness to a large extent depends." And that about fills the bill. Upon the circulation because it increases and equalizes it and promotes a rapid flow, clearing away deposits which may interfere with the machinery of the various parts of the body. Dr. Douglas Graham says: "Massage rouses dormant capillaries, increases the area and speed of the circulation, furthers absorption, and stimulates the vasomotor nerves, all of which are aids and not hindrances to the heart's action and to nutrition in general." And upon the nervous system because massage produces a soothing and also a revivifying effect. In nervous conditions there is no doubt that the nerves are insufficiently nourished, and

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massage will stimulate and arouse them. It has the same effect upon the vessels of nerves as it has upon those of muscles, and (as has been stated by a well-known authority), ultimately though not so soon as in the case of muscles the same result is obtained, improved nutrition and with this improved function.

Massage in congestion of the liver has the effect of partly emptying it of its fluids, also the circulation is improved and absorption helped. Constipation in its most obstinate forms very often yields to massage. It should be used in a vigorous manner, following the course of the colon, and then with the limbs of the patient flexed, deep kneading should be used in order to bring action to the lower intestines. Massage has been used very successfully in cases of hemiplegia, infantile paralysis, muscular atrophy, and even in locomotor ataxia where improvement has been observed in many cases. Dr. Douglas Graham speaks of a case in which he says that the patient "not only held his own but actually gained in the use of his legs." Dr. Zabludowski of Berlin reports a case of hereditary ataxia which showed great improvement from a four weeks' course of massage, and another of locomotor ataxia in which he says the patient "improved in a remarkable manner." Massage is also indicated in writer's cramp, and Herr Wolff has reported that he has treated from 1877 to 1882 two hundred and forty-five cases. Of these he says one hundred and thirty-two were radically cured, twenty-two improved, and ninety-one without result, and his statement has been vouched for by such men as Billroth, Charcot, Esmarch, Wagner, Bardleben, Hertz, and others who referred the cases to him.

Muscular rheumatism, or what is known as such, has been treated very successfully by massage, in as much as it induces increased circulation and opens up the different processes of elimination, ridding the system of the poisonous condition existing; in other words, flushing it. Neuritis and sciatica have also very often yielded to this treatment. Lateral curvature of the spine has been benefited greatly by massage and passive movements, and such authorities as Drs. Douglas Graham, Valkmann, Loebker, Kolliker of Wurzburg, and others strongly advocate its use. Sprains and dislocations treated by massage get well much quicker than they otherwise would; in support of which statement Dr. Douglas Graham has published the results of more than seven hundred cases treated by others, and says: "The invariable result of each and all was, that such injuries thus treated got well in one-third of the time that similar cases did under the usual method," etc. Drs. Van Arsdale and Gallant of New York have treated twelve hundred and thirty-one cases of sprains by means of massage with better results in as many days as it took weeks under fixed dressings without massage.

It has often been asked, "In what particular cases is massage indicated?" In answer to which I can not do better than quote Dr. Douglas Graham, who says: "In local and general disturbances of circulation, locomotion and nutrition in their incipient stages, or after the acute symptoms have passed away; at the commencement of many affections, local congestion and irritation will often be relieved by massage, and this may serve for cure or prevention of further mischief. In cases that have come to a standstill, or lapsed into a chronic condition, languid circulation will be aroused, waste products absorbed and nerves and muscles nourished and strengthened." Dr. Henry M. Lyman has said: "I have used it (massage) very often with the best of results, and could have used it more had I not feared I might be accused of being a faddist on the subject." Prof. Billroth says: "My assistant has already obtained a series of results both favorable and surprising and far exceeding my expectations of this method of treatment." Dr. William Murrell says that massage gives good results in cases of infantile or other paralyses. Professor Norstrom, writing of cases of myositis that have come under his notice, says: "The majority of these cases were cured, and in all but

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one marked improvement resulted under massage." Professor Playfair says: "Massage is a thoroughly scientific remedy based on good physiology and sound common sense, the value of which in properly selected cases, no one who has any knowledge of the matter can possibly question," etc. Dr. T. Gaillard Thomas, speaking of neurasthenia, gives a number of different modes of treatment used in these cases and ends by saying: "When these fail, try massage." Very many more opinions could be given did space permit, but enough has been presented to convince the most skeptical that massage is one of the most valuable adjuncts to materia medica at the service of physicians.

REPORT OF CASE OF SPINA BIFIDA WITH OPERATION AND RECOVERY.

By O. T. Scamahorn, M. D., Pittsboro, Ind.

On February 6, 1912, the stork paid a visit to my home and left a 9¾-pound boy. On examining the child, to my consternation, I did not find a normal child, but one with a spina bifida and two talipes calcaneous.

Pregnancy was a normal one with the exception of a retroflexed uterus with slight adhesions at beginning, but this corrected itself about the close of the third month.

Labor was a normal L. O. A. first stage; four hours gradual dilation. Second stage, two hours normal, but it seemed that child's head was unusually soft and a very large anterior fontanelle. Third stage, one hour normal.

After taking care of the mother, I then examined the child more carefully and found a double tumor, each side about the size of a hen's egg, coming from where the spinous process of last dorsal vertebra should have been. At birth the tumor was collapsed, but in a few minutes it began to fill. I reduced the tumor and applied zinc oxide adhesive strips around it, then criss-crossed them back.

I then went to Indianapolis and consulted Dr. H. R. Allen, described the case as best I could, and we made a hollowed pad and fastened on the tumor, but this did no good. In a few days the child's head enlarged, and we had symtoms of compression of the brain. On the tenth day I again took him to Indianapolis and we decided to collapse the tumor. Going to the Methodist Hospital we prepared the back, punctured the tumor, and drew off one and one-half ounces of cerebrospinal fluid. Shock asserted itself, and for several hours we thought the child could not live.

After drawing off the fluid, Dr. Allen made a brace like a half cylinder, which extended from his neck to his hips. We padded this with cotton and laced it down the front. When this brace was on he did very well, but when I would take it off to dress the wound, the tumor would fill again.

On the twenty-first day I again took the boy to Dr. Allen and we decided to remove the tumors. We again visited the hospital and prepared for an operation. The field was sterilized and eleven silk matress sutures were placed through the tumor to control the hemorrhage and flow of cerebrospinal fluid. The small tumor was removed and both layers of the larger were folded over the stump of the smaller and fastened.

On the following morning shock again asserted itself and for forty-eight hours life was despaired of. As the wound healed, one by one the sutures were removed, and in four months his back was well.

Now about his talipes. On my second visit the doctor made braces for him out of a No. 9 silver wire extending from his toes to his hips. In a few days these were removed and a shorter set substituted. By a few such changes, at the end of seven months his feet were straight.

To add to the child's burden, the mother was so affected by the nervous shock that we were compelled to raise him on artificial food. Cow's milk in all it variations was used. At the end of five

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months the boy weighed five pounds, and twelve pounds at ten months.

Now he is two and one-half years old, weighs thirty-eight pounds, and is thirty-seven inches tall. He is straight and strong, and has nothing to show for his deformity except a scar about the size of the palm of a man's hand on his back.

A SIMPLE AND EFFECTIVE MEANS FOR STRAPPING THE CHEST.

By D. F. Lee, M. D., Indianapolis.

We so often see extensive and troublesome abrasions on the skin as a result of the use of adhesive strips that we feel that while some may know a better way of giving support to the fractured rib, or for arresting the motion of the chest wall in pleurisy. Many continue to apply the plaster directly to the skin and thereby render more discomfort for the patient.

I am convinced that in strapping the chest for any purpose it is always better to apply the bandage around the chest, arresting the motion alike on both sides. For this purpose I have for a long time used the following simple and cleanly method, which is also applicable in other parts where the skin may be injured by continued use of the plaster. Take two strips of the zinc oxide plaster cut long enough to extend as far down on the chest as the bandage may be desired; lay one strip over each shoulder with the plain side next to the skin, then take a third strip of equal length and place it over the spinous processes, allowing the upper end to rest on the top of the head with the plaster on the outside.

Next run round and round the body as many layers of two-inch roller bandage as may be necessary to give the desired support and when this is complete bring the strip resting on the head down over the bandage. Then place two or three other strips on the outside of the bandage to prevent any wrinkling of the gauze, and cover the exposed plaster over the shoulder with a strip of gauze. Now if the bandage is too tight or too loose take the scissors and split in the center the strip over the spinous processes. Then you have a nice, firm, stout jacket hanging over the shoulders and the degree of pressure may be adjusted by attaching strips across the back. This makes a smooth and lasting dressing which may be used as long as one may care to use it.

The same principal may be used at the ankle where extension may be necessary and after the cuff of gauze is complete the same may be secured to the skin at the top on the outside and removed daily and applied in a new place by the nurse.

THE TALE OF A CRAB.

Old Amos Rabb was a chronic crab
Who looked on life as a game of grab.
He crabbed and he grabbed
From his natal day
Till the time when the hearse hauled his bones away.
He crabbed at his nurse on the very morn
Of the luckless day that he was born;
He crabbed at the heat or wintry blast,
He crabbed if his watch ran slow or fast—
If fast, he crabbed at the way time flew;
If slow, said the day would ne'er get through.
He crabbed with long and loudly curse
When he lost three bucks in his cowhide purse.
When he got it back, some folk declare,
He crabbed 'cause the interest wasn't there.
'Twas a tragic fate Ame finally met,
Or he'd be crabbin', I reckon yet.
One night in a game of solitaire
His crabbed shriek rent the stilly air,
A shot was heard and, the neighbors said,
'Fore the doctor got there Ame was dead.
And, 'tis said, but it won't do to repeat,
That he shot himself when he tried to cheat.

Indianapolis News. Fred Myers.

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INDIANAPOLIS MEDICAL JOURNAL

(Central States Medical Monitor and Indiana Medical Journal.)

EDITORIAL

SAMUEL E. EARP, M. S., M. D., Editor-in-Chief.
ALEMBERT W. BRAYTON, M. S., M. D., Editor.
SIMON P. SCHERER, M. D., SAMUEL C. NORRIS, M. D., Associate Editors.

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THE DISEASES OF THE RECTUM AND ANUS.

There are a score of American books on the above subject, most of which have been reviewed in the Indianapolis Medical Journal and its two predecessors, the Central States Monitor and the old Indiana State Medical Journal, now combined and representing better than any other organ the work of Indianapolis physicians, medical societies and colleges.

But, "lest we forget," the writer wishes to remind the readers of this journal, and as far as it reaches the medical profession of the United States, that the first dignified and comprehensive volume on "Diseases of the Rectum and Anus" in this country was written by Dr. Joseph McDowell Matthews, of Louisville, Ky. For Dr. Matthews was the first to limit his practice to rectal and anal diseases, and that at the instigation and advice of Dr. George Jameson Cook, of Indianapolis. Dr. Cook came to Indianapolis from Louisville in 1898, and has ever since, and is now our esteemed teacher and revered leader in these subjects and has well earned the title of the "best loved physician in Indiana."

For after setting Dr. Matthow afloat successfully in this specialty and seeing him through with his treatise, Dr. Cook determined to write a work on this subject himself and has been engaged in collecting and editing his numerous essays before our state and local societies for several years.

These two physicians, both graduates and teachers for many years in Louisville medical schools, are "hearts of each other sure." Each has been president of his respective state society and were early in the game. Dr. Cook graduated from the Kentucky School of Medicine in 1866, and Dr. Matthews from the Medical Department of the University of Louisville in 1867. This writing is not an obituary or an eulogium, but just a little localization in time and space, the here and the now, of two great and good men skilled in healing, who, whatever limitations they may have set to their special practice, have none the less had that largeness of skill and knowledge which easily might include in its scope the whole of the body. Both are very much alive and in the flesh and spirit of life, good cheer and helpfulness, as they were when infants in their mother's arms, about the year 1848, the year of the Mexican War, the discovery of gold in California and the great Revolution in Europe, all of which they happily survived as did the present writer,

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whose birth occurred about the same time possibly a few years later.

"Diseases of the Rectum and Anus" have extended since that time to include the entire alimentary canal and the whole range of gastro-intestinal surgery. Others, by hundreds, have joined the procession of physicians and surgeons of the prima via, and all are followers of Drs. Matthews and Cook, the first to break into this great interior sea. For man is primarily asexual, as the primary organism (like the lower forms of the present) had essentially but two functions to perform: those of reproduction and nutrition. These are essential to the lowest as well as the highest organisms, from monad to man up beings piled gradation.

"An enemy," said Napoleon, "crawls upon its belly," and nutrition is now one of the great problems of the European war, essentially the war of supremacy between England and Germany. But we digress from our theme, which is intended to "call attention" to a recent work on "Diseases of the Rectum and Anus," edited by Dr. A. B. Cook, A. M., of the University of Nashville, and published by the F. A. Davis Company, of Philadelphia, with 213 illustrations, 21 plates, and 7 color schemes, a book of probably five to six dollars.

The first half of the book, 16 chapters, is the work of the editor. The remainder represent the work of Drs. Wm. M. Beach, of Pittsburg; J. Coles Brick and Callier F. Martin, of Philadelphia; Geo. B. Evans, of Dayton; G. S. Hanes, of Louisville; Frank C. Yeomans, of New York City; Louis J. Krouse, of Cincinnati.

Among the very best in value and interest are the two chapters by Dr. Alois B. Graham, for over ten years associated with Dr. Cook in practice and teaching. The chapter on "Rectal Pathology due to external causes," pages 420 to 429, and the one "Rectocolonic Ailmentation," pages 527 to 544, were read to the Indianapolis Medical Society within the last two years. Dr. Graham is clinical professor of gastro-intestinal surgery in the Indiana University School of Medicine, and a member of the consulting staff of the City and Bobbs Dispensary, and also of the City Hospital and St. Vincent's Hospital, and a Fellow of the American Proctologic Society. The two chapters on the external causes of rectal pathology and on rectocolonic alimentation are of the highest value, both in form and substance. The author is one of the most popular and thorough of our medical teachers and the work on these two chapters is typical of his work as a teacher and operator in this most important field of medical and surgical practice. A. W. B.

"OVER THE HILLS AND FAR AWAY."

One ruddy drop of manly blood
The surging sea outweighs;
The world, uncertain, comes and goes;
The lover, rooted, stays.

So says Emerson of Friendship, and then, recalling the old friendships as shown notably in the two volumes of correspondence covering over thirty-five years between himself and Carlyle, whom he found in 1833 "amid the desolate hills of Craigenputtock, where the lonely scholar nourished his mighty heart," he continues:

I fancied he was fled
But after many a year,
Glowed unexhausted kindliness,
Like daily sunrise there,
The fountains of my hidden life
Are through thy friendship fair.

Thus it is: There are no friends like the old friends, and so we advise all young physicians to stay in one place, like Emerson's "well-rooted lovers" of the early days of his Harvard and Concord life. Consider for a moment the friendships which exist among our present groups of specialists in Indianapolis—the eye men; the ear, nose and throat men; the gynecologists and abdominal surgeons, etc. These groups have worked together for so many years in the City Dispensary and Hospital, and in the Medical Society that now as they are advancing into middle and older

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life, they have learned each other's stroke and oar, his manner, his way, his style of debate and his intent; they can now give and take without malice or rancor. For they have fought and worked together and grown to respect one another through long student days, or as teachers in rival colleges, and now many of them as members of a University Medical School.

Many of these groups the writer of this note has known for over thirty years as friends and fellow workers, and many are the manuscripts he has printed, and the papers he has urged them to write for "The Journal," and all of their work as authors of books he has reviewed.

Therefore it is with the greatest of pleasure and sense of unrequited obligation that he has accepted their aid and sympathy in the sickness of himself and family; in his own three months of typhoid, as many with appendicitis, and the care of our dear friends. Theodore Potter and Eben Hadley, in pneumonia. And in a long winter of brachiospiral neuritis, he recalls that Doctor Albert E. Sterne wrapped him up in absorbent cotton, gave him his "Kaiser cloth" overcoat and swore him not to brave the winter storms without its weight and comfort.

Very pleasant, also, are the long automobile rides his doctor friends have given the writer in pleasant autumnal days—in the Indian summer of the year, when

"Through the meadows rich with Indian corn,
There came an Indian maiden, autumn-born,
And June returned and took her by the hand,
And led Time's smiling Ruth through all the land."

One of these rides was with Dr. O. G. Pfaff—twenty-five hours, two operations, trained nurses left with the patients—by Greencastle, through Cataract to Spencer, and an evening with Doctors W. D. Cox and Allen Pierson, who got out of their beds to entertain us. In the early morning, on to the rocky barrens of Clear Creek, south of Bloomington, where, the operation done by noon, we whirled back to Indianapolis by 4 p. m. One day for the whole entertainment, 150 miles, two operations, one sleep and three big "eats"—the cooking by the whole relation of the patients, and the neighborhood assisting.

And other joy rides: One with Dr. Thrasher to Brown county, by way of Columbus and Bloomington, guests of Dr. Frank Holland of the latter city; and again with Drs. F. C. Heath and T. B. Noble to Lebanon, in the cold of winter, but warm, jolly and comfortable. And there are other outings, some of which I have preserved for a time at least, in the columns of the Journal. In earlier days there were long rides with the great soldier surgeons of the Civil War—Drs. T. B. Harvey, W. B. Fletcher; and also with Dr. John Chambers, prince of our anatomists, our surgeons and our teachers; men of might in their day, but now long gone to "where beyond these voices there is peace." Pleasant rides were these, jogging over country roads with horse and buggy—one with the venerable Dr. W. H. Wishard, the last survivor of the Medical Convention of 1849 which organized the Indiana State Medical Society. Dr. Wishard took his first course in medicine at "The Indiana Medical College, the Medical Department of LaPorte University," organized in 1842, continuing till 1850, and being the predecessor of the first Indiana Medical College. In those days the Indiana doctor had no other means of travel than the heroes of Homer—the "fleet hoof of the horse and the winged ship." Dr. Wishard pointed out to me on one of these rides the place near Greenwood where he began practice under Dr. Benjamin Noble in 1833, continuing until his death in 1912. But he lived to ride from Greenwood on the first passenger train entering Indianapolis from Madison, Oct. 1, 1847, and rode back to Greenwood in the same seat with the Rev. Henry Ward Beecher, who had resigned his pastorate of Plymouth church

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in Indianapolis to begin his great work of fifty years in Brooklyn.

I will relate one memorable instance: We passed an old deserted log cabin near Greenwood where, sixty years before, Dr. Wishard treated "Bachelor Bill" for "descending mumps." He pictured his old mother in her 80th year standing in the doorway shading her blinking eyes and praying Dr. Wishard to "save Bill." And then she proceeded patiently to extricate the affected organs from a two-quart poultice of hot "biled beans," laboriously scraping the last one into the cooking pan and throwing the beans to the chickens both in and out of the cabin. Bill said he had tied a red string around his belly "to keep the mumps from going down, but guessed he hadn't tied it tight enough." Dr. Wishard told the mother to make another poultice with tobacco and jimson leaves added to the beans, and Bill "soon got well." Bill said he could get along well enough at his age, whatever the mumps did, but he didn't want the boys to call him a "cut dog." But this was only a minor incident in the memory of a noble physician who had the saving salt of humor to offset the frequent tragedies of a pioneer physician's life.

And now we come to the last of our autumnal joy rides, the afternoon and night of November 12, by invitation of our cross-street friend and neighbor, Dr. C. E. Cottingham, alienist and neurologist and co-worker with the writer three mornings each week in the Bobbs City Dispensary clinics in skin and syphilis, which furnish the largest number of cases of ataxia and paresis, nervous and brain syphilis treated in the Dispensary, giving the junior students of the Medical School their main teaching and insight of mental and nervous diseases. Dr. Cottingham is also a practical gardener and florist of the highest order, from whose early plantings and hoeings the writer's table has frequently been adorned with both fruits and flowers.

Our way led along the wanderings of Fall creek, by Woollen's Roost to the corners of Hamilton and Marion counties, and finally to a wooded swamp where we found the bright berries of the Wahoo, the Bitter-sweet (one of the three loved plants of Thoreau), the dark clustered berries of the Cat Briar, and even the Winter Holly, now rapidly becoming extinct. There were also the brilliant red-oak leaves of late autumn, the White Cornel, the Redbud, and other autumnal glories which filled the pocket of our auto. Then on to near Ingalls, and finally to Olio, once known as "Lick Skittle," for the early settlers of this region were a parlous and caustic people who called each other's settlements such names as Hard Scrabble, Mudsock, etc., with more regard to satire and rancor than to neighborhood pride and sentiment.

At Olio we stopped with due reverence before the cottage home of the late Dr. H. B. Smith, where in September, twenty-one years ago, a chicken dinner was given by this progressive physician to a group of medical students, including Dr. Cottingham and Dr. Fred Tucker, of Noblesville; Dr. Smith's son, Arthur J. Smith; Dr. W. H. Williams, now of Lebanon (then of Clarksville). After the dinner a mongrel dog was subjected to an operation for appendicitis, Student Cottingham acting as anesthetist, chloroform substituting the modern anoci association anesthesia of "Crile of Cleveland." Dr. C. E. McCoy was first assistant—but he "opened up" on the wrong side. However, the dog was now dead from the anesthesia, but the operation was carried bravely on to the finish by Dr. S. W. Hervey, now of McCordsville. Dr. Smith was a natural teacher and promoter of scientific medicine.

These old memories were recalled as we sat in Dr. McCord's office in Fortville, with Dr. S. W. Hervey. After dinner we saw a case of pellagra with Dr. McCord—at least there were present the periodic diarrhea, the dry skin with desquamation of the wrists and the mental hebetude characteristic of this variable disease, with other nervous symptoms observed by Dr. Cottingham.

Then on with Drs. McCord and Hervey to Greenfield—thirteen miles in twenty minutes—where we attended the annual election and dinner of the Hancock

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County Medical Society, some forty members present. We left them at 10 o'clock discussing the fee-bill of the society from 50 cents for office visits up to $100 or more for surgical work, after having installed all the former officers by unanimous vote. At eleven we were at our homes, having covered over seventy miles of beautiful country, enjoying every moment, as with Browning's silk winder, Pippa—not having "squandered a minute of our twelve hours' treasure," of

"The long blue solemn hours serenely flowing;
Whence earth, we feel, gets steady help and good,
The fitful sunshine minutes, coming, going,
As if earth turned from work in gamesome mood."

A. W. B.

MEETING OF THE DISTRICT MEDICAL SOCIETY—GREAT CLINICS ON NERVOUS DISEASES.

The clinic given Thursday afternoon and evening, November 9, 1914, in the Pathological Department of the Central Indiana Hospital for the Insane before the Seventh Indiana District Medical Society, including Marion, Hendricks, Morgan and Johnson counties, stands without parallel in the district, and for teaching values to those present has not been excelled in the history of the hospital.

There were over 200 physicians present at the two sessions. Superintendent Edenharter was requested by the president, Dr. A. B. Graham, November 2, to hold a clinical meeting at the hospital. Dr. Edenharter asserted, stating that for over twenty years it had been the policy of the hospital "to afford the medical profession every opportunity to familiarize itself with the character of the diseases treated at the hospital upon the theory that the greater the professional knowledge of the physician, the greater the benefit to the citizen.

He also enclosed a program of exercises, of which over 500 were sent to the members of the district. The clinics were entirely in charge of the hospital staff physicians, including, also, Dr. Chas. F. Neu, a former member of the hospital staff, but now practicing in nervous diseases in Indianapolis.

The exercises began at 3 p. m. with a clinic by Dr. F. C. Potter on the Etiology and Pathology of Paresis with presentation of illustrative selected cases from the male and female wards by Dr. Max A. Bahr.

Later in the afternoon Dr. Potter gave a demonstration of pathological specimens, mainly the brains of paretics, and notably the brain from an acute alcoholic accustomed to from a pint to a quart of whisky daily for a long period of time. The brain was dark purple with hemorrhage and presented the characteristic "wet brain" of acute alcoholics.

Another brain was that of the last of a group of fourteen cases of advanced paresis. Two were women, the cases of paresis being in the sexes usually about proportional to the numbers relatively affected with lues.

Two years ago 16 cases were demonstrated to the Indianapolis society by Dr. Bahr; in two brief years all were dead, the last to succumb being a physician infected in the hand some ten or fifteen years before and not taking an efficient course of three years' continual treatment.

From 3:30 to 4:30 a neurological clinic was held upon eight or ten selected cases illustrating the different forms of neuritis; as apoplectic, infantile paralysis, facial paralysis ,etc., indicating the causes, the possibility of recovery as related to the parts of the central and peripheral nervous system. It is due to Dr. Neu to say that his clean-cut distinctions and exact discussion of these cases elicited the closest interest and attention, as all practitioners are in contact touch with these forms of nervous diseases and their resulting mental failure.

The half hour from 4:30 was filled by Dr. P. H. Weeks, who presented a case of paralysis agitans with a carefully prepared paper and history, which was discussed by Dr. F. B. Wynn, the only discussion of the day. Dr. Wynn warned

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against the effects of unhappy surroundings and the psychic disturbances which sometimes precede and accompany this distressing disease. Dr. Weeks showed also an insane woman of 35 or 40 years suffering from Huntington's chorea, the only case in the hospital and the first one ever seen by most of those present.

The irregular movements, the disturbance of speech, the gradual dementia were all in evidence in this case.

Huntington, of Pomeroy, Ohio, then a practitioner on Long Island, gave in three brief paragraphs the salient features of this disease—the heriditary nature, the association of physical troubles and the onset between the 30th and 40th year. Both Huntington's father and grandfather had treated the disease in the family he described. Few autopsies have been made in these cases of chronic meningo-encephalitis, ending in dementia and without conection with Sydenham's chorea or "the simple chorea of childhood." The women maintained the orderly rhythm of various muscular groups, including the "salaam convulsions" made by the abdominal muscles to the end of the sitting. She will never be forgotten. Dr. Week's presentation was highly instructive, intelligent and satisfactory.

Dr. Potter presented the great group of brains (referred to above) with a few annotations on each, thus closing the afternoon exercises.

The hours from 5:30 to 7:30 were spent in recreation and visiting around the buffet tables of apples and cider, sandwiches, cheese and doughnuts with cigars, and in the great Mayer Hall, where Dr. Bahr gave a brief organ recital.

On the lower floor the four bowling alleys were in great demand for the two hours of recreation, Drs. A. W. Brayton and H. R. McKinstry carrying off the honors with scores a little less than 150.

At 7:30 to 8:30 the evening members came in from their homes in the city and took the places of those who left for their distant homes by auto or interurban, but the numbers and interest did not decrease.

The audience was quiet and intense, as group after group of patients representing respectively the subjects of the succeeding papers of the evening came with nurses and attendants. The patients seemed to enjoy the work as much as the doctors.

The first group represented the "Psychoses associated with diseases of the ductless glands," by Dr. Frank F. Hutchins. This included a discussion of the associated and relative complications arising from goitre, from the menopause, from adrenalin disease and disorders of the pineal gland, and the patients looked it from the "fat boy of Dickens" to those with evident thyroid disturbance. This new field of disease causation was outlined as far as we know by Dr. Hutchins and as much farther as he cared to defy the finite and the infinite—and that was a good ways and a good deal. Those who heard him and have not kept up with the procession must have felt that a new heaven and a new earth have been discovered as to disease causation and relation, and will go home and "read up." But it will be in the current literature, for any book three months old is out of date as to the modern discovery and relationships of this group of psychoses.

Dr. John Harper presented cases of paranoia, developing the conditions involved by an introductory address and by conversations—questions and answers—with the patients.

Dr. Albert E. Sterne, of the Norways Sanitarium, and one of the outside lecture staff of the hospital the present year, gave a farther elucidation of his work on dementia precox, showing how as our knowledge advances we are compelled to shift the patients from one group to another. Also the relations of syphilis as a causative factor and the use of the Wassermann test.

Ever at his hand, as with all the other groups, was the wise and faithful Dr. Bahr, with his astonishingly complete histories, his charts and photographs and

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his absolute knowledge of the patients and the physical and mental conditions involved. It is to be hoped that Dr. Sterne will bring his discussions of these cases into a special paper, so that we may read it at our leisure.

It was now 9:30, but the audience, even though deprived the privilege of smoking (which after all is a kind of physical debauchery we do not need, and from which we get no aid in the exercise of attention and other mental activities) was intensely attentive and interested. They looked at the clock as the curtain rose for the final scene as we do at the last Forbes-Robertson presentation of Hamlet, sure that though we had not grasped it all, the show was well worth the time. For, to even the most sluggish and indifferent of us, wrapped up as we are, in our petty practice, or our still worse petty specialties, there had something come to us of real depth and meaning in this great exhibition of the mind diseased and the cause and prevention of all this rooted sorrow.

The last on the program was the presentation by Dr. J. S. Rushton of cases of mania—depressive sanity, the two cases being women in advanced types of the disease.

This ended the day and the evening and far into the night—all the hours from 3 p. m. to 10 p. m. filled just as they were designed, on time, and not too little or too much.

More than ever after following the work of the Central Hospital did we feel that it is one of the great branches of education in medicine for the physicians of Indiana. The Hospital for the Insane, City Free Dispensary clinics, the great work in medicine and surgery at the City Hospital since the days of the Civil War, and these three institutions, City Hospital, City Dispensary and State Hospital for Insane, constitute in themselves, now, as they have in the 33 years the writer has known their work, motive and management, a competent and necessary part of our state system of medical education.

A. W. B.

M. BRIEUX, AUTHOR OF "DAMAGED GOODS," HONORED IN THE UNITED STATES.

M. Brieux, French dramatist and academician, spoke in New York before the Academy of Arts and Letters and the National Institute, and was introduced by Mr. Howells, Dean of American Literature, who said:

> All that work of his in which we are aware of an imagination finding supreme expression in the drama; a profound reverence for truth as the life of invention; and instinctive obedience to the authority that rests with reality alone; a keen wit sparely flickering at moments into delicate humor or broadening into rich burlesque; an unfailing mastery of character and a quick sensibility to every variance of motive; a pervading awe of the tragedy of life, not less in its nature than in its conditioning; a tender compassion for suffering and helplessness; a manly abhorrence of cruelty and a loathing of baseness.

The distinguished Frenchman, dressed in the uniform of the French Academy, read the following letter from President Poincaire:

> The Académie Française, faithful guardian of the literary traditions of my country, has commissioned M. Brieux to carry to the brilliant civilization of America the greetings of the old and undying civilization of the Mediterranean. Permit me to add to this general greeting a personal expression of my intense admiration for the great Republic over whose destinies you preside so nobly. Allow me also to add an expression of the constant sympathy and interest which the free democracy that I have the honor to represent has for your glorious nation.

Brander Matthews followed with a letter of regret from President Wilson and a speech on "What is Pure English?" and Robert Herrick, of the University of Chicago, on "Imagination in American Life," based on the growth of the modern industrial town of Gary, Indiana, declaring that Gary is the result of this imaginative spirit, daringly incorporative itself "making Americans at once the most naturalistic and the most idealistic people who ever lived."

The Indianapolis Medical Journal supported Brieux's play and his great moral purpose in earlier issues and its editors are gratified that Indiana is in the equation of France and America, as in the days of the Revolution. Gary's claims are based mainly on the work of one man, an humble school principal, who has

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made the public schools as popular as the private homes—a town where one-third of the people attend school, where the night schools are bigger than the day schools, and the children of the eighth grade and first year high school write the sanitary reports printed by the Board of Health. New York City pays this wizard school man $8,000 a year to spend one week each month advising the school authorities of that city. Is France the idol of the nations? Great is Brieux of the Academy and Howland, our novelist. Great also is the school teacher, Mr. William Wirt, of Gary, Ind.

A. W. B.

GEORGE BERNARD SHAW'S "COMMON SENSE" ABOUT THE EUROPEAN WAR.

No single writing has railed the English nation more than the two letters of three pages each—4,000 words—the critic novelist, writer of plays, Bernard Shaw. They were written solely for the New York Sunday Times and appeared in the issues of November 12 and 22, and also in the Philadelphia Sunday Ledger of the same dates. By this time a thousand pages of editorials and letters have been written in explanation and extenuation, in commendation and condemnation. His attack on the wisdom and good faith of Sir Edward Grey's diplomacy is strongly condemned by the English writers and especially by many university men.

We suggest to our readers who wish to keep in touch with current history—as momentous as any in the world—to read the Sunday Times ($2.50 a year in the States and $5.00 in Canada.) The present issue (Nov. 22) has special articles by such writers as Shaw, Roosevelt, Parkhurst, Belmont and others in the magazine section, besides remarkable selections from the famous essay that inspired Germany by Heinrich von Treitschke. The Times is the most valuable Sunday newspaper in the world.

A. W. B.

FLAT CHESTS AND FLAT FEET OF STUDENTS OF INDIANA UNIVERSITY CAN BE CORRECTED.

For the statement indicated by the above title the University News is authority. It is evident that Indiana University keeps a close watch over the physical well-being of the students. This task is all the more difficult because a large number of those entering are found defective physically. Of this year's freshmen class one out of every six has been classified as below normal development. Liberal allowances have been made for such minor defects as weak eyes, bad teeth and the like and subnormal rating given only for flatness of the chest, curvature of the spine, heart or lung trouble and the like.

Young men at the age of seventeen or eighteen have the figures of men of fifty, with protruding paunches, sunken chests and rounded shoulders. They have been negligent. Downright carelessness is the great cause of their low physical tone, says Dr. J. E. P. Holland, University physician. Only to this and not to improper nourishment, factory work or sweatshop life can the blame be laid.

Young women entering the University are, generally, in considerably better physical condition than the young men, Miss Maxwell, who has charge of the physical training of women, has discovered. Among them were found fewer with flat chests and fewer with curvature of the spine. But even here the number was far more than it should be because they come from the homes of the middle class and the well-to-do, and one would expect preventable evils prevented.

Flat feet is a common failing. Needless to say it results from the heelless shoe but the cases are not quite so common now as formerly. With the return of heels to fashion one may expect a further decrease.

Fortunately all these defects may be remedied to a great degree or entirely overcome by the cooperation of those to

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be benefitted with the physical directors. By learning to stand properly, they will thereby learn automatically to breathe properly. Corrective classes for men and women are conducted regularly and everything is done that can have influence in bringing up physical condition to standard. Much interest in this work is manifested both by the young men and women of the University.

There may be a benefit to the health of the student derived from college athletics, if not overdone. In this same line there would be a two-fold advantage if every university had a military department. The European war has made it necessary to press into service a large army of untrained men. A large majority were useless until trained and much time was lost. The Literary Digest for September 28 speaks of a substitute for college athletics; something akin to Oxford's officers training corps, this for American colleges, a proposal to bring the entire student body under physical training, and also provide for a national defense.

Turn Colleges Into Training Camps.

The same authority quoted, says that Puck (New York) urges that our colleges and universities be turned into training camps. Secondary schools would be unlikely to lag far behind. Puck says:

"Were we suddenly called upon to face a crisis such as Europe was called upon to face with but very little warning, it would find us woefully unprepared. In the security of our peace we have neglected to build up an organization capable of performing the multitudinous services of war, or of any great disaster, either political or physical, which may come into a nation's life. The thousands of young men in colleges and universities offer a field for the development of such a force of trained men in a way that would entirely revolutionize our educational as well as our defensive system.

"As our athletics are conducted today, a few picked men have trainers, coaches, rubbers, and waiters for the purpose of preparing them for a conflict with a correspondingly small group of similarly trained men from other institutions. The remainder of the student body, which makes this training possible, is meanwhile physically utterly neglected.

"Yet the average young man entering college is quite as much in need of physical development and training as of mental. The country, too, is in need of disciplined, trained men; and this double need can be met—can be met for less money than is expended on a single season's football team. A system of military drill, under the supervision of experts in military discipline and hygiene, with the co-operation of the athletic associations of the colleges, and under the auspices of the United States Government, would prove of inestimable value to every student in the college, and would furnish to the nation a ground work upon which a magnificent national service could be established. A spirit of true patriotism and of unselfish public service would be instilled in the students. The nucleus of a trained military corps would be established from which officers and men could be recruited, with but little additional training in time of war."

S. E. E.

ARTIFICIAL SEX CONTROL OF PIGEONS.

That artificial control of sex has passed the experimental stage was the statement made by Dr. Oscar Riddle, in charge of the evolution station of the Carnegie Institute, in addressing the American Academy of Medicine at Atlantic City. "The station is propagating sexes at will with pigeons and doves," said Dr. Riddle. "The sex of frogs and toads is settled by manipulation and that of cattle to some extent can be regulated through fixing the mating period." As to human beings, Dr. Riddle said the extent of sex control would depend upon the success now being attained by scientific experiments with mammals and he would not be surprised if eventual success was achieved. —Exchange.

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ABSTRACTS, EXCERPTS AND GLEANINGS FROM EXPERIENCE IN PRACTICE.

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SOME BREAST-MILK PROBLEMS.

While the advantage of maternal nursing are generally conceded there are, says A. W. Myers, Milwaukee (Journal A. M. A., Oct. 3, 1914), some real difficulties that arise not infrequently in the course of breast feeding. A great deal has been done in the way of making maternal nursing more uniformly successful by calling attention to more regular nursing habits, proper intervals and the need of rest, fresh air and proper exercise for the mother. The importance of cheerfulness and serenity of mind must not be overlooked. It would be an injustice, Myers says, to charge all mothers that give up nursing with indifference or neglect. A frequent story is that the milk did not agree with the child and many mothers have consulted physicians and have done all in their power before giving up. Only general directions are given in text-books as for the means of modifying the breast milk. The effects of the various foods on the cow is well recognized but the effects of diet of nursing mothers has received too scant attention of recent years. The child with unsatisfactory breast-milk is uncomfortable, especially after nursing and there may or may not be disturbance of the stools and, in mild cases, sometimes no loss of weight. In the early weeks of lactation the restlessness on the part of the baby is easy to trace both from the quantity and quality of the mother's milk. If the child is contiually in distress the mother has little opportunity to regain strength and the quantity of the milk fails. Three cases are reported illustrating the conditions in which the trouble was traced to some error of diet on the part of the mother, the correction of which brought about a better condition of things. It is possible. Myers says, that some of the aromatic bodies which give flavor and odor to food substances pass over into the human milk just as they do into cow's milk. These aromatic bodies are not destroyed by cooking. There is also a great variation in the sensitiveness of the digestive tracts of babies and of the same baby at different ages. Myers thinks the best way of approaching these cases is to begin by forbidding entirely for the nursing mother the use of fruits, fruit derivatives, spices and highly flavored vegetables at the beginning of lactation, or when digestive disturbances are manifested, and withholding them until the normal condition is regained. An ample and varied dietary can be provided without these substances and he would prescribe this for the first month. After that addition can be cautiously tried, one at a time, to avoid confusing results.

THE SANITARY CONSCIENCE.

Professor Rosenau, of Harvard, finds the awakening of the sanitary conscience to be one of the most remarkable developments of our age. It is a new idea to many, that the care of the body and care of the surroundings of each of us may be, indeed generally are, very considerable factors in the comfort, safety, and even the life and health of all the rest. The moral sense derived from personal hygiene is part of the doctrine of sanitary righteousness; twentieth century preventive medicine "teaches the usefulness of community interest, and has been a potent biological factor underlying the present trend toward socialism."

The question, Am I my brother's keeper? has been variously answered, and not always ignobly. But there is no question at all that, through being steadfastly one's own keeper, the welfare of one's neighbors is vouchsafed. The man with the sanitary conscience will get himself and his own vaccinated, for his own sake and because by thus personally avoiding smallpox, he and his will not be transmitters of that infection to others. He would certainly not, if he could avoid it,

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commit homicide; no more should he, by neglecting to prevent disease in himself and in his household, be the cause of others dying of dreadful infections. It is odd how belated in civilization is this latter idea. A man's own length of days in the land depends on his maintenance of his house and grounds in a wholesome condition; by the goodness of his character he ought to perceive that if the environment for which he is directly responsible was otherwise—if it included a neglected fly breeding dung heap, for example, or a mosquito breeding cesspool—his community would be in jeopardy of typhoid or malaria. His sanitary conscience should, both in logic and in rectitude, impel him inexorably to an interest in the local health administration; to back up the local health officer; to get such an officer discharged if he happens to be incompetent for such important work, and to see that an efficient man is employed. Then he must hold up the arm of the right man, realizing that the latter can by himself alone no more assure the communal health than a minister can conduct a church, unaided by the people in the pews. After all, the sanitary conscience is part and parcel of the physiological life which, being consistently lived, all the rest—the moral life, the spiritual life, the intellectual life, the strenuous life, the last, however, within rational limits, shall be assured."—New York Medical Journal for September, 1914.

RADIUM EMANATION.

We are indebted to Dr. Wm. Jay Schieffelin for a reprint of his paper on "Uniformity in Dosage of Radium Emanation," which was read at the annual meeting of the American Pharmaceutical Association at Detroit, Aug. 25, 1914. He closed by saying that the reason why many mineral waters when drunk at the springs give therapeutic results unattainable when they are bottled and transported, is the speedy dissipation of the fugitive emanation, which is reduced to one-half in four days unless there is a source for its renewal. The means of renewing the radioactivity of bottled waters, or of charging any water with emanation, are afforded by mentioned devices, and the physician may prescribe a drinking cure which can be carried out with precision in the patient's home.

The chief effect of the radiations from radium and its disintegration products is to produce an ionization of the atoms of whatever substance the rays penetrate. Chemical effects follow as a secondary result of the ionization. Von Noorden and Falta say that "in contradistinction to all other forms of electrotherapy, we possess in the radio-active substances a means of carrying electrical energy into the depths of the body, and there subjecting the juices, protoplasm and nuclei of the cells to an immediate bombardment by explosions of electrical atoms. We may therefore designate this internal treatment with radio-active substances, internal electrotherapy."

Our readers will call to mind that this journal contained an interesting article by Dr. H. E. Barnard, of the State Board, in which he called attention to the value of the water of French Lick Springs.

S. E. E.

PREPARATION OF DRY BONE AREAS FOR SKIN GRAFTING.

(Chas. Mayo, Annals of Surg., Vol. LX, No. 3.)

In order to hasten the covering of large bony areas as in scalp wounds, removal of malignant tumors involving the periosteum, etc., small drill holes about one-quarter of an inch apart are made through the hard cortical bone to the medullary portion. Through these holes granulation tissue will come which soon cover the denuded surface of the bony and upon which skin grafts can be made. It is essential to protect the newly formed granulations from infection. This method may also be used in cases of skin scar tissue over osteomyelitis or leg ulcer lesions in adult life.—E. B. Mumford.

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IMPORTANCE OF URINALYSIS DURING PREGNANCY.

Dr. J. H. Beard in the Illinois Medical Journal, concludes an article on the "Importance of Urinalysis During Pregnancy and the Significance of the Positive Findings," as follows:

1. In pregnancy, so-called physiologic albuminuria should be regarded as indicative of renal abnormality and the patient watched accordingly.

2. Recognition and differentiation of the different types of albuminuria are imperative in order that the members of the toxic group may be discovered early, their gravity appreciated, and proper treatment instituted.

3. The infectious and mechanical types should be carefully observed to detect developing nephritis and to avoid any increased irritation of the renal epithelium.

4. Melituria during pregnancy, in the absence of clinical symptoms, should by no means be interpreted as a sign of diabetes until lactosuria, alimentary and transient glycosuria have been excluded.

5. In the absence of symptoms it may be impossible to determine whether a given case of glycosuria will or will not clear up under treatment. When glycosuria is present and it does not appear to be alimentary, careful and repeated observation of the patient is absolutely necessary.

6. Very low urea output is a danger signal and the patient should be kept under close supervision.

7. High ammonia may be due to increased total nitrogen eliminated, following nitrogen retention, inanition, catharsis, etc., or it may also result from bacterial contamination of the bladder, and may be unaccompanied by any unfavorable symptoms.

8. No great emphasis should be placed on percentage values in determining a radical course of clinical procedure, but we should be guided by the symptoms, as well as the urinary findings.

9. Analysis of the urine is a means of great value in separating the safe from the hazardous cases, and while it may not tell when to empty the uterus, it should lead to the use of such diet, hygiene, and medication that intervention in many cases would be unnecessary and many children would be born that otherwise would have been doomed.

PESSIMISM IN THREATENED ABORTION.

Many physicians feel that, when there is a show of blood in a threatened abortion or miscarriage, there is no hope of averting the impending event. Not so, for we have known of quite a number of cases in which, after quite a bit of hemorrhage, pregnancy went on to labor at full term.

First of all, don't make a vaginal examination unless absolutely demanded, and it is really seldom necessary. Any such examination simply reduces the chances for staving off trouble. Don't worry about the little blood in the vagina; leave it alone. Unless there is sepsis from criminal interference, the blood can stay where it is without any danger to the woman.

While the morphin hypodermatic is undoubtedly abused, this is one of the conditions where at least one-fourth grain should be given at once; and it may be repeated within two hours.

Normal labor or premature labor usually begins with circular contractions about the os. Gelsemium is a drug which controls such contractions. Give ten-drop doses every hour or two along with the morphin, only not hypodermatically, until the eyes show a definite physiologic response. This drug is seldom dangerous and may be pushed.

Stay with your patient a few hours, push the medication, and keep her quiet and reassured. The reward comes more often than the pessimist would expect.

But don't give any of the atropine or hyoscine group of alkaloids in this condition. At best they are erratic in action and may aggravate the condition in place of helping. Gelsemium and morphin are preferable.—Medical Council.

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MEDICAL MISCELLANY

THE KEY TO CHRISTMAS HAPPINESS.

Unnecessarily some men carry a pistol and others a grouch. The one individual is shunned equally with the other. Sulkiness and petty annoyances are incompatible, and the latter with the caliber of a molehill may appeal to the person endowed with a grouch as a mental error, to be as large as a mountain. It is not confined to self-misery alone but permeates the atmosphere in which others live, disseminating a poison. Such a condition does not always imply ill-health, for pain and suffering often abide in conjunction with a sunny disposition. So far as trouble and worry are concerned, it is rather an effect than a cause. This combination is a death knell to happiness and perhaps, apparently, those which seem the greatest are products of the imagination, only. Philip Brooks said:

There's many a trouble
Would break like a bubble,
  And into the waters of Lethe depart.
Did we not rehearse it
And tenderly nurse it,
  And give it a permanent place in the heart.

There's many a sorrow
Would vanish tomorrow
  Were we but willing to furnish the wings,
But sadly intruding,
And quietly brooding
  It hatches all sorts of troublesome things.

Our grouch may be alloyed with selfishness and it then becomes more dangerous than cobra venom. Unconsciously the fabric is woven certain and sure to the approach of permanency; of this beware! Dr. Johnson said that the chains are too small to be felt until they are too strong to be broken. Perhaps we fail "to see ourselves as others see us," and the new year is too far off for a self-examination. Why not the Yuletide? When there is a halo of gladness these fetters can be more easily broken. With the little ones, at Christmas time we can live childhood over again cherishing and holding sacred the best things of the life we have lived, letting a ray of sunshine from our own soul mingle with that of others—perhaps dispelling many a hovering cloud. It was Washington Irving who said, "Happiness is reflective, like the light of Heaven; and every countenance, bright with smiles, glowing with innocent enjoyment, is a mirror transmitting to others the rays of a supreme and ever-shining benevolence.

And yet at the time of our great joy-fest we should be mindful of the misfortunes of those over the sea. What a change has taken place and more to come. The ruins for all futurity will mutely tell a tale of desolation, while widows and fatherless children will be left to mourn. How expressively Henry William Hoyne in The Century tells of the kings of old and the rulers of now:

The Kings.

Three kings riding forth of old
(Myrrh and frankincense and gold).

Three kings waiting fearful dawn
Where the battle-lines are drawn.

Kings of bloody strife, how far
You have wandered from your star!

This is a text within itself. To read and then study it furnishes thought enough to fill a volume.

That we are at peace with all the world is reason enough to give happiness during the Yuletide. We have every reason to be thankful that we are not at war with any sister nation and moreover that we live in a prosperous country. All this may be true and we need not be forgetful of those who need sympathy. To give help when needed has increased our happiness and the prompt response to the needs of Belgium and other countries

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has gladdened the hearts of those who have given as well as those who are destitute. This Christmas is a time when every one can offer a silent prayer of thankfulness although a prayer may never have been offered before.

S. E. EARP.

TO OUR FRIENDS JUST BEFORE CHRISTMAS.

All those who have to do with the management of the Indianapolis Medical Journal wish its readers, advertisers and other friends a joyous Christmas and a prosperous New Year. We appreciate the loyal support that has been given the Journal and will try and make it even a better publication during 1915.

During the past few months we have felt the ill effects of the unfortunate war and yet there has been an increase in our advertising patronage. We ask our readers to give those who advertise in this Journal preference when they buy. They are reliable and it will be a help to us and thereby we can give our readers a larger and better Journal. Say that you saw the notice in this Journal when you write to an advertiser.

We ask a continuation of your support in the future as in the past. We surely appreciate your kindness and words are futile to express our appreciation.

THE EDITORS AND BUSINESS MANAGER OF THE INDIANAPOLIS MEDICAL JOURNAL.

HUMAN HEALTH AND THE FOOT-AND-MOUTH DISEASE.

The Danger of Contaminated Milk Spreading the Disease Overcome by Quarantine and Pasteurization.

Washington, D. C.—The anxiety that has been expressed in several quarters in regard to the effect upon human health of the present outbreak of the foot-and-mouth disease is regarded by government authorities as somewhat exaggerated. The most common fear is that the milk supply might become contaminated, but in view of the precautions that the local authorities in the infected areas are very generally taking, there is comparatively little danger of this. Milk from infected farms is not permitted to be shipped at all. The only danger is, therefore, that before the disease has manifested itself some infected milk might reach the market. For this reason, experts in the U. S. Department of Agriculture recommend pasteurization. As a matter of fact, however, pasteurization is recommended by the department anyway for all milk that is not very high grade and from tuberculin tested cows.

It has been demonstrated by experiments which have been made in Denmark and Germany that pasteurization will serve as a safeguard against contagion from the foot-and-mouth disease just as readily as it does against typhoid fever, but in any event it must be thoroughly done—the milk must be heated to 145 degrees Fahrenheit and held at this temperature for thirty minutes.

In this country the foot-and-mouth disease has been so rare that there are few recorded cases of its transmission to human beings. In 1902 a few cases were reported in New England, and in 1908 in a few instances eruptions were found in the mouths of children which were believed to have been caused by contaminated milk. In both of these outbreaks, the sale of milk was stopped as soon as the disease was found among the cattle. As long, therefore, as the disease can be confined by rigid quarantine to certain specified areas, the danger from this source is very small. Should the pestilence spread all over this country and become as general as it has been at various times in large areas in Europe, the problem would become more serious. Under any circumstances, however, pasteurization would be an efficient remedy. Where pasteurization is not possible, and where there is any reason to suspect that the disease may exist, the precaution of boiling milk might be advisable. Simple directions for pasteurizing milk at home, however, are contained in Circular 127 which will be sent free on application to the U. S. Department of Agriculture.

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Cows affected with the malignant form of the disease lose practically all of their milk. In mild cases, however, the decrease may be from one-third to one-half of the usual yield. The appearance of the milk also changes. It becomes thinner, bluish, and poor in fat. When the udder is affected, the milk frequently contains coagulated fibrin and blood, so that a considerable sediment forms, while the cream is thin and of a dirty color. These changes, however, occur only when the disease is in an advanced stage and, as a matter of fact, the disease is not permitted to pass into an advanced stage, as any stricken animal is at once slaughtered.

Men who come in contact with diseased animals may also become infected. In adult human beings the contagion causes such symptoms as sore mouths, painful swallowing, fever, and occasional eruptions on the hands, finger tips, etc. While causing considerable discomfort, however, the disease is rarely serious. Where it is very prevalent among animals, some authorities believe that it is fairly general among human beings, but that the disturbances it causes are usually so slight that they are not brought to the attention of the family physician. There is, however, a very good reason for everyone giving the diseased animals as wide a berth as possible, namely, that otherwise they may easily carry the disease to perfectly healthy herds. Federal inspectors engaged in the work of eradicating the pestilence are thoroughly equipped with rubber coats, hats, boots and gloves, which may be completely disinfected; and others who lack this equipment are strongly urged not to allow their curiosity to induce them to become a menace to their own and their neighbors' property.

The disease, in short, is dangerous because of the loss that it occasions to property, and not because of its effects upon the health of mankind. At present all infected herds are being slaughtered as soon as they are discovered, the carcasses buried, and the premises thoroughly disinfected. Until all danger of infection has been removed in this way, the local authorities quarantine the milk.

Those who wish additional precautions are recommended to use pasteurized milk, but as has already been said, this recommendation holds true whether or not there is any fear of the foot-and-mouth disease.

THE CITY STREET CARS.

Asks $10,000 Damages.

Hallie Rodgers, administrator of the estate of Oscar Rodgers, today sued the Indianapolis Traction and Terminal Company in the circuit court for $10,000 damages for the death of her husband, Oscar Rodgers. She alleges that on September 25, 1913, Rodgers suffered injuries when jolted about in an Illinois street car and that he died of these injuries October 4. The jolting was caused by the swaying of the car, the complaint says.

We can readily believe the above. Not only is it impossible on some of the lines to retain one's seat, but the night lighting is so poor that one can not read the papers. The Indianapolis street car system should be the easiest money in the United States. No expensive bridges, no hills, cheap coal and electricity. Their watered stock and poor tracks and cars are a disgrace to the city.

CONSEQUENCES OF THE EUROPEAN WAR; A JUST AND HONORABLE CONSIDERATION.

The balance of power preserved and continuing, militarism with its ever present perils destroyed—that, in the opinion of Mr. Jacob H. Schiff, is the European status after the end of the war that would best promote the world's welfare and assure our peace and safety. The expression of Mr. Schiff's views, as they are set forth in the report of an interview with him published in the magazine section of The Times today, as to what chiefly is to be desired in the terms of settlement, will have the approval of sober-minded Americans. Whatever

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aims the belligerents in their moments of heat and passion may profess, we here in America do not want to see Germany crushed, none of us want to see England crushed, or France, or Russia, we have no wish to see any great people crushed. Such a result of the war would be an almost irreparable disaster, and we should share in the loss. Mr. Schiff speaks with a natural sympathy for Germany, but he speaks as an American, and his judgment upon this point is the American judgment. As matters are going along the lines of battle he foresees a long war, a war to be ended perhaps only when some of the contestants are exhausted. It is a pretty gloomy outlook, but Mr. Schiff entertains the hope that through the influence of neutral nations it may be made less discouraging.

In his opinion the unqualified triumph of England would give her too much power, too great a sense of power. With Germany and its army and navy out of the way, her control of the high seas would be more absolute than ever, the world's privilege of trade would be subject to her control wherever she cared to exercise it. While he does not believe that we need fear any disturbance of our friendly relations with England, nevertheless in her alliance with Japan, which he thinks will be permanent, Mr. Schiff sees possibilities of peril against which we should have to be always on our guard. That would mean burdensome military preparations. The triumph of Germany would from our point of view be no less disquieting, he feels. Germany could not "be trusted with such power" as a complete victory would put in her hand. Mr. Schiff's forecast of the consequence of such an event is most interesting:

The German character is not only self-reliant, which is admirable, but it readily becomes domineering, particularly when in the ascendency. In the role of a world conqueror Germany would be a world dictator—would indulge in a domination which would be almost unbearable to almost every other nation. Particularly would this be the case in respect to her relations with the United States, a nation with which she has always had and always must have intimate trade and commercial relations.

With the probability now fully in our view that there will be a "continuation for a long period of the merciless slaughter which has marked the past few months," with the best and most convincing reasons why we should not desire the complete overthrow of any of the belligerents or the absolute dominance of any, what is our duty, what our opportunity? As a humane people we deplore the awful sacrifice of life involved in the continuance of the war, we deplore the ruthless destruction of property, the world's loss in wealth and in productive power. As a great nation we could not at all submit to any form of domination such as Mr. Schiff foresees in the complete overthrow of one group of the warring powers and the unchecked ascendency of the other group. If such a danger were afoot, then indeed we should ourselves become a military nation. Undoubtedly we should upon land and sea maintain forces sufficient to assure our commercial independence. But what can we do to influence either the duration of the war or the terms of peace?

Mr. Schiff evidently has firm faith in the power of public opinion. He believes that the nations of Europe no longer know among themselves just what they are fighting for, and that if a conference could be arranged, even without an armistice, it might at least "help toward stimulating each side to make concessions before the ultimate damage has been done." He thinks the newspapers of this country might stimulate public opinion in favor of a rational adjustment, avoiding the complete defeat of any nation, an adjustment that would do much to right existing wrongs, do away with jealousies and with the continual increase of armament, free humanity from its tremendous burden, and "let the world return as soon as may be to the paths of peace, productiveness, prosper-

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ity, and happiness." To such a prayer every American of soberness and sense will say amen.

There are difficulties in the way, immense difficulties. When great armies are confronting each other, when masses of men are trying with bloody instruments to hew their way through other masses of men, when great siege guns are belching forth destruction, when new armies are hurrying to the front, followed by long trains of supplies and fresh stores of arms and ammunition, when war boards are planning new campaigns and when the people's blood is up, when, as in this awful year, so many nations "see red," the peacemaker has small chance of a hearing for his good counsel. History records no such ending of a great war without decisive advantage on either side. Pious wishes do not stop the fighting. Perhaps in a few months talk of a peace conference will be less inopportune.

Some decisive check may be administered to one side or the other that, while not decisive against the losers, will extinguish their hopes of ultimate victory and bring clearly into their view both the awful cost and the futility of continuing the struggle. That would be the propitious moment. Then suggestions that a conference should be held with a view to peace may fall upon assenting minds. Our government must necessarily be on its guard against anything that might seem to be an officious interference. But public opinion is free, public discussion is not to be stayed. It is a hopeful sign that a man of Mr. Schiff's position in the world of affairs is ready and willing publicly to discuss not only the urgent desirability of peace, but what peace should mean, what would be reasonable terms of peace. We hope that other men of influence and position will follow his example, and we can confidently give the assurance that the unanimous support of the American press will be given to any hopeful effort to give effective expression to counsels of wisdom and of reason whenever the nations of Europe are ready to listen.

The above editorial from the New York Sunday Times is based on an interview with Jacob H. Schiff in the Nov. 22 issue. The last sixteen Sunday issues of the Times are the best historical and pictorial newspapers in the English tongue. In fifty years they will be worth $1,000 as with Harper's weekly during the Civil war. The Sunday Times weighs a pound and costs 7 cents in Indianapolis (where 40 copies are sold) on Monday morning. By mail $2.50 a year, or 25 cents a month. The color plates of last year's holidays now are worth a dollar each. A. W. BRAYTON.

FUND FOR THE PHYSICIANS OF AFFLICTED BELGIUM.

The physicians of Belgium need aid. American Medicine, one of the best medical journals, has undertaken the collection of an American Fund for Belgian Physicians.

In another department of this issue of the Indianapolis Medical Journal there is a full page which gives the details of this appeal.

While the condition of the Belgian people is rapidly becoming critical with famine and cold confronting them, it should not be forgotten that the physicians of this stricken land—and their families—are likewise in direct need; the holocaust that has swept over their country has also left them destitute—their homes, equipment, libraries, everything in fact, has been destroyed and lost. Hunger, cold and the most abject misery are all that they can expect unless those of us in happier circumstances take steps to relieve their condition—not next week, not tomorrow, but NOW, TODAY!!

From every one, therefore, who is willing to aid this movement we solicit some small sum—one dollar, fifty cents, twenty-five cents—any amount will help to swell the total. Our one great plea is for every one who intends to give something, be it

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ever so humble, to send it early—TODAY! Remember "he gives twice who gives quickly," and the need of those who are to be aided by these contributions is urgent beyond expression.

All contributions should be addressed to the Fund for Belgian Physicians, care of Dr. Eugene Buehler, business manager of the Indianapolis Journal, 24½ Kentucky avenue, Indianapolis, Indiana, or American Medicine, 18 E. 41st street, New York City. The names of contributors will appear in this journal.

S. E. EARP.

SPEEDWAY RACE DRIVERS IN THE EUROPEAN WAR.

One of the remarkable features of the German-English war is the promptness with which foreigners returned to Europe when the war call came. Poets, musicians, actors, athletes, all flew to their colors. Following are some notes from the gay French racers at the 1914 Speedway. We hope they may return to us in good health and cheer. Their English letters are charming.

Goux, winner of the 1913 race, writes C. G. Fisher, president of the Indianapolis motor speedway, as follows: "I am in very fine spirits after two months of war, and find the service very interesting. Since the start of the campaign we have taken advantage of the bandits of Germany, and now occupy a part of Alsace, and our offensive advances all the time. Unfortunately, the war may last a long time. Should, however, I be able to get away before the 30th of May, I shall certainly do so."

In the same mail Goux wrote Johnnie Aitken, of the National Motor Vehicle Company, his erstwhile Yankee pit manager, that he was in fine shape, and wanted to bet France would win, but had no Dan Smiths to take any of his money.

Andre Boillot, brother of Georges Boillot, who ruled favorite for the last Hoosier contest until put out by a broken frame in the 148th lap, is prone to take an even more carefree view of the situation. He writes Aitken, whom he met in Paris just before the war, in English, as follows:

"Georges is still affected to General Joffre, and I do exactly the same. We met one each other after two months of war, and are still together. I hope to keep so till the end of the war. We are never on the front, but we go to see it sometimes. What a great sight to see the artillery killing the Germans. There is good sport in France just now, but unhappily no chicken for the present. 'I should worry.'" Chicken in the slangy American sense, proved a great source of interest to the foreigners on their last visit to this country.

That the race drivers are not completely free of danger, however, is shown by further excerpts from Boillot's letter, as follows: "Soon I will write how Georges escaped once from the shell; how Rigal and Faroux (the latter accompanied Goux to America the year he won the five-hundred-mile race), have great danger but great sport in same time. Goux is in good health at Belfort on the east frontier. Soon we all return perhaps. Better prepare the supper for our next winner in the Indianapolis Grand Prix."

JOHN P. BROWN, FORESTRY EXPERT

Connersville, Ind. Nov. 17—John P. Brown, who died of pneumonia, at the home of his daughter, in Cincinnati, will be buried here Wednesday. He was a member of several American and European forestry societies, and at the time of his death he was engaged in an experiment with the catalpa speciosa, on his three-thousand-acre plantation near Mobile, Ala.

Mr. Brown was born in Rising Sun, Ind., seventy-four years ago. He became a civil engineer, and was for years employed by railroads as a surveyor. Mr. Brown surveyed the Crow Indian reservation for the federal government. Later he became interested in forestry, and was retained as forester by many railroads. At one time it was said that he carried more railroad passes than any

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other man in the United States. He traveled throughout the United States and in Mexico and Central America in this connection, and he, more than any other man, is said to have brought the merits of the catalpa speciosa into prominence. He was for years editor of Arboriculture, a monthly publication devoted to arboriculture, and he wrote an exhaustive book on the subject. In Connersville and vicinity Mr. Brown did much to stimulate the love of trees and the disposition to protect them.

Mr. Brown served throughout the civil war in the Sixteenth Indiana regiment. He was a Mason. His widow and nine children survive.

Mr. Brown did a great work for the middle west in his efforts to restore useless trees. The writer has talked with and corresponded with him. His influence was great. He had seen the forests of Indiana pass away in his generation. Forests have nothing to do with the amount of rainfall; they are a valuable asset for wood and shade; for game, for beauty. Mr. Brown saw all their values, and by his work was a public benefactor. A. W. B.

INTRAVENOUS CALCIUM TREATMENT FOR TUBERCULOSIS.

Dr. Thos. J. Beasley's preliminary report on the subject indicated in the title of this item will be published in our January issue.

This report covers a period of the last five and one-half years by Dr. Beasley in the development of intravenous chemotherapy of tuberculosis.

Taking as a basis the facts that nature surrounds tubercular foci in the lungs, and to a lesser extent in other tissues, with calcium deposits and that other pathology in soft tissues is not so circumscribed he has proceeded step by step to determine solutions and technique for using calcium and adjuvants intravenously. First on healthy then on inoculated rabbits and finally on tubercular patients until he is offering now to the profession the results of his endeavors up to this time. In the meantime his work now in hand, it is hoped, will much further advance and make ready for general use a fully developed rational attack upon tuberculosis by supplying intravenously to the blood that which is apparently nature's most effective chemical remedy.

Another interesting article for the January issue is one by Dr. M. N. Hadley on "Tuberculous Rheumatism."

S. E. E.

DR. HARVEY W. WILEY 70 YEARS YOUNG.

Dr. Harvey W. Wiley, who is an Indiana man and who contributed much to the welfare of Purdue University, celebrated the seventieth anniversary of his birth October 18. This national pure food advocate was surely in the hands of his friends at the time of this event at Washington, D. C. Congratulations came from far and wide. More than 175 telegrams and letters were received. The affair was staged under the auspices of the National Mouth Hygiene Association directed by Myron Jermain Jones, executive director, who acted as toastmaster, and in attendance were government officials and private citizens prominently identified in the work of national health improvement.

"We congratulate Dr. Wiley that he has safely passed the periods of childhood and youth and now stands on the threshold of young manhood," was the expression used by Dr. Wickliffe Rose. The dinner was a spontaneous outburst of good will.

The success of Dr. Wiley has always been looked upon with pride by his many Indiana friends. He is now "seventy years young," and his usefulness, we predict, is by no means near its end.

In a letter written Nov. 24, to Dr. W. W. Vinnedge, a member of the Journal staff, Dr. Wiley said:

"I am getting along quite well in my seventy-first year and do not feel much older than I did a month ago. I realize, however, how rapidly time is flying, and

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I realize still more clearly the huge volume of work which at the end I shall still have to leave undone. Fortunately my physical vigor still holds out and I am working more hours, and working harder than I never did before."

For Indiana, we extend congratulations. S. E. E.

INDIANAPOLIS MEDICAL SOCIETY.

Officers: Thomas B. Eastman, President; Ernest DeWolf Wales, 1st Vice President; John W. Carmack, 2d Vice President; Alfred Henry, Secretary-Treasurer.

MEETING NOVEMBER 10, 1914, HOTEL WASHINGTON.

Dr. W. F. Hughes read a paper on "The Eye in Relation to Lighting Systems."

The chief results of bad lighting systems are shown in a loss of efficiency both immediate and remote, and discomfort. Practically all lighting systems use daylight, direct or indirect systems, or a combination of these. Proper diffuseness with sufficient intensity to give maximum detail seem to be the proper goal from the standpoint of comfort and welfare of the eye. The loss of efficiency seems to be due chiefly to fatigue of the muscular apparatus as the response of the retina to light stimuli is only slightly affected. The quantity, quality and distribution should receive careful consideration in all lighting plans. In defective illumination, the distribution of light is commonly the attribute at fault. Present experimentation seems to show that with the diffusion effects secured in most lighting systems too much light is used for the welfare of the eye. The great increase of artificial illumination, often producing distinctly harmful effects upon the eyes, demand a closer co-operation between lighting engineers and oculists for the standardization of lighting systems, primarily on the bases of the effect upon the eye.

Dr. J. V. Reed presented two cases on the "Albee Operation for Tuberculosis of the Spine."

Case 1. Mr. L.—Suffering from a complete paraplegia, operated December, 1913. The graft was taken out of the tibia and transplanted in the dorsal spine in the region of the diseased bone. Return of function was rapid and in three months the patient was able to walk. At the present time he is practically well except for a weakness in the spinal muscles. At the present time he is walking normally, but wears a leather jacket to support his spine.

Case 2. Mr. W.—Complete paralysis of legs, arms and sphincters. Marked pulmonary tuberculosis, operation August, 1914. A tibial splint was transplanted in the lower cervical region at the site of the disease. After a week or ten days, motion has returned to the arms to some extent and the sphincters regained part of their functions. The pulmonary condition, however, progressed and, two months following the operation, the patient died of pulmonary tuberculosis.

Discussion. Dr. Marshall: Effect of ultra-violet rays are seen on those who climb glaciers. Glacier blindness results. The ordinary lights pass through normal routes and as a rule produce no pathological results. Architects have studied more scientifically—at least more practically—until our factories are better lighted than our homes and churches.

Dr. Sharp: Quality of light concerns us most. A camera turned away from sun's rays takes a good picture, turned towards the sun produces no picture or a poor one. We don't often see a burnt cornea from these rays, but often a disturbed retina. A person with an ametropic eye does not suffer so much.

Ophthalmologists know little about certain lights, but know effects perfectly. The men who make many lights know them perfectly but little about effects.

Dr. Ross: Saw Dr. Albee do this operation. Albee advises operation as it acts as a splint for the spine, lessens time of

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recovery, prevents recurrence, stops further deformity and corrects that already present. Cited two cases.

Case 1. Girl, 14 years, operated Oct. 1, 1913. Completely paralyzed. Now has complete control of bladder and rectum, can move lower extremities.

Case 2. Man, 45 years, operated March 21, 1914, completely paralyzed. Now can walk with some assistance.

Bone infected with tuberculosis does not regenerate. Almost immediate union takes place between graft and spine. Four weeks solid bone is formed.

Dr. Mumford: The Albee operation is not a cure for tuberculosis of the spine in itself, just as external splint, and building up must play a part. After-treatment is very important. An essential is to include two vertebra above and below. The Albee method for all ages is a question. Grafts do not act as splints at first and do not have to be in one piece. Some think small pieces are better. Nutrition is the dependable thing.

Dr. Heath: Illumination question was the important thing in Dr. Hughes' paper. The paper is a practical one on a practical subject.

Dr. Allen opposed the Albee operation and advocated braces for Pott's Disease.

Dr. J. R. Eastman: I appreciate the pioneering of Drs. Reed, Ross and Mumford in the bone transplant. Dr. Hughes' paper on "Lighting Systems" should make an impression on us, especially in surgery. My operating room is a gray. It seems better for my eyes. Psoas abscesses are often opened to advantage. Cited cases opened in posterior mediastinum with recovery. Dr. Albee has also done work for talipes equinus in bone transplant.

Dr. Tomlin called attention to calcium chloride deposits in assisting bone transplantation.

Dr. Reed in closing said he would not operate every case of Pott's Disease.

MEETING NOVEMBER 17.

By invitation State Veterinarian Dr. A. F. Nelson was present and gave a talk on the hoof and mouth disease. He concluded by asking for questions, many of which were asked by the society members. Many points were cleared up.

Dr. W. D. Gatch read a paper on "Gunshot Wounds of the Chest and Abdomen," and gave clinical reports of sixteen cases. Three of these had wounds of the chest complicated by large hemothorax which recovered completely under expectant treatment. The remaining thirteen cases all had wounds of the abdomen, in several cases complicated by thoracic wounds as well. The abdominal cases were noteworthy on account of the grave character of the visceral lesions in many cases. Six intestinal anastomoses had been done on five of these patients. In two cases the wound was confined entirely to the liver. In eleven cases in which the wound was below the level of the liver some part of the gastro-intestinal canal was punctured in every case but one. The cases were all operated upon immediately after the receipt of the injury and the results give an approximate idea of what may be accomplished by early operation in these cases. It was concluded that the prognosis in case of gunshot wound of the abdomen depends almost entirely upon the amount of hemorrhage and of the injury to important blood vessels. Almost any injury to the gastro-intestinal tract can be successfully repaired provided the patient is operated upon before peritonitis has developed. Of the thirteen abdominal cases five died and eight recovered.

Discussion: Dr. Kemper: Last four cases involved the liver. The question with me is whether to use Fowler's position. Thorough flushing by normal salt of entire abdomen is imperative. After-treatment is the greatest question. Starving is unsatisfactory. Rectal feeding scarcely supports. Should normal salt solution be used extensively intravenously? Of course there is a higher mortality from upper visceral injuries.

Dr. Pantzer: Many cases of gunshot

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wounds do not manifest any symptoms warranting opening the abdomen. Cited a case where a 22 caliber bullet pierced the bowel eleven times. By closing all the boy made a good recovery. When there is no extravasation do not flush abdominal cavity.

Dr. Reed: Lateral anastomosis does not seem the better, but rather the end to end anastomosis.

Dr. Noble: Two things to consider. Hemorrhage primarily and infection secondarily. All our methods of stopping hemorrhage at times are inadequate. More especially in spleen and liver. Spleen is often removed and liver packed. Saved spleen in three cases by placing gauze around the organ and producing pressure, thus stopping hemorrhage. The same method saved a case of liver injury.

Dr. Wells: Relative to military surgery will say that all military surgeons do not do surgery. He must be a soldier or military man. He must know something about all departments of the army. Military surgeons are criticised unjustly. Many disadvantages obtain on battlefield. Expectant treatment is very popular.

Dr. Jobes: Until the last few years there were few recoveries. Diagnosis is the important thing. Most of my cases have been free from symptoms. I have used little salt solution in abdominal cavity. Sponging has been my practice.

Dr. McKinstry: Thorough exploration is the great thing in gunshot wounds.

Dr. O. G. Pfaff: Called attention to technique. To prevent excessive trauma in closing many perforations drainage would be better. Cited a case of eight perforations in which drainage was used and none closed. Recovery.

Dr. Hadley. Seriousness of gunshot wounds depends upon injury to blood vessels rather than to injury to intestine or stomach.

Dr. Gatch in closing stated that a lateral anastomosis was safer than end to end anastomosis on account of less disturbance to circulation. Not so apt to cut off nutrition.

MEETING NOVEMBER 24.

Paper, "Clinical Aspects of Colon Stasis," Dr. Joseph Rilus Eastman.

Properly performed short-circuiting operations by the improved drainage which they provide relieve chronic colitis and indirectly affect favorably the other factors of stasis-ptosis and peritonitis. The feces are to a considerable extent made up of epithelial debris, intestinal secretions and dead and living bacteria, and these things mixed with food residue under the influence of contractions of the cecum rise in the ascending colon. But this contraction is not constant. The empty cecum is in repose; it does not contract. It is only awakened when the small intestine empties into the cecum its liquid contents. If contractions are not produced in this way, the feces have no tendency to be evacuated. The colon becomes lazy and atonic and obstipation is increased by antiperistalsis. It is for this reason that ileosigmoidostomy may be said to be conceived falsely. By this operation the liquid contents of the small intestine are not permitted to enter the cecum to bring about contraction. It is for this reason that Lane and others have been obliged to reoperate after ileosigmoidostomy and deal with an enormous fecal accumulation in the cecum and ascending colon. Typhlo-sigmoidostomy or typhlo-proctostomy are not open to the above criticisms, for in these operations the fluid contents of the small intestine are permitted to enter the cecum. Bergmann first anastomosed the cecum to the sigmoid of volvulus of the ascending colon and the operation in cases of stasis is not indicated unless membranes or adhesions so fetter the colon as to make such an exclusion necessary because of incompetency or obstruction.

Discussion. Dr. Foreman: Intestinal stasis does harm only in so far as there is intestinal toxemia, and if there be no intestinal toxemia then there is no indication for operation. The surgeon's idea is to correct the mechanics of the bowel and thereby cure the stasis and toxemia.

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Time has proven that a goodly number of the cases operated on for intestinal stasis have returned to the internest with symptoms similar to those preceding the operation. The internest considers that the great majority of cases of intestinal stasis are functional, i. e., there is no real or organic obstruction. He considers that there are various elements entering into the cause of alimentary stasis and toxemia other than simple mechanics of the bowel that intestinal stasis may and does frequently occur without toxemia, and even alimentary toxemia may and does occur without stasis. The primary thing in intestinal toxemia is not stasis, ptosis, colitis or peri-intestinal membranes, bands and adhesions, but intestinal bacterial food poisons and intestinal bacterial infection. Surgical or mechanical drainage does not relieve the cause of intestinal toxemia, but only removes a condition which may aggravate the cause. Of the anastomotic operations for intestinal stasis. I thoroughly concur with the essayist in that typhlo-sigmoidostomy or typhlo-proctostomy is the one of choice, and that ileo-sigmoidostomy is a very dangerous procedure, and that colectomies either partial or complete are very exceptional if ever indicated.

Dr. Noble: This field is uncertain. Intestinal blockage is old. I have never had brought before me a definite description of a set of symptoms or set of pathological processes satisfactory to me, notwithstanding we have done short circuiting several times. The individual must be considered in his entirety before such an undertaking. We find things at head of colon which are not functional but merely organic. No surgeon can connect ileum and colon equal to ileo-cecal valve. Nature has done her work when the alimentary content reaches the colon. The colon is merely a peculiarly shaped receptacle. Surgeons may handle the symptoms arising therefrom as they see fit.

Dr. Kimberlin: Many of these cases had trouble when babies, usually bottle babies. They have visited nose and throat men. They are nervous, slender, pale, flat chested, shallow breathers, and there is a general tendency toward physical degeneration. Medical and surgical men do not succeed. Research men have nothing to tell us. I believe the question is a biological one.

Dr. Sterne: There is nothing moved in the body by gravity. Everything is propelled. Then it makes no difference what position an organ is in. Surgery is a necessary recourse where there are demonstrable obstructive tissues. There is no operation that successfully closes the pylorus.

Dr. A. B. Graham: Dr. Eastman would not have you believe that every case should be operated. I have never been able to determine why the term stasis was ever coined. The roentgenologists now speak of true and pseudo-stasis. We have the terms constipation and obstipation and feel that pseudo-stasis and true stasis are synonomous with these two. Constipation and pseudo-stasis are benign and medical in character; obstipation and true stasis are organic and require surgery for their relief. My results from the short circuiting operation are not so good as those reported by Dr. Noble. I have performed this operation on two patients and both are, if anything, worse than they were previous to operation. I can not understand Dr. Noble's results since in my cases the technic followed was one advised by him.

ST. JOSEPH COUNTY MEDICAL SOCIETY—27TH ANNUAL MEETING, NOV. 18, 1914.

The meeting was on the afternoon and evening of Wednesday, Nov. 18th, in the Elks' Temple at South Bend, Indiana. The first paper was by Dr. Daniel N. Eisendrath, of Chicago, with discussions by Drs. R. Smith of Grand Rapids, J. R. Berteling of South Bend and James A. Work, of Elkhart.

Dr. Reuben Peterson of Ann Arbor, on the treatment of inoperable cancer of the uterus with discussions by Drs. J.

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C. Fleming of Elkhart and D. C. Terry of South Bend.

The paper of greatest interest was by Dr. Edward C. Rosenow, of Chicago, on the "Localization of Various Streptococci Following Intraveneous Injections with Demonstrations of Specimens" with discussions by Drs. H. O. Mertz of Laporte and J. W. Milligan of Michigan City.

This recalls Dr. C. E. Rosenow's presentation of this subject before the Chicago meeting of the American Dematological Association last April, where he demonstrated the organism which produces erythemas of various kinds and severities on guinea pigs, white rats, etc., much to the satisfaction of the 65 or 70 members who cheered the investigator. For the erythemas of the podular and severe bullius type have been rebellious to treatment, as they were of unknown causation, and not infrequently fatal.

Dr. Chas. Stolz of South Bend presented the "Limitations of Mechanical Fixation in Fractures." X-ray findings of the above were presented by Dr. Stanley Clark of South Bend.

The afternoon exercises were followed by a banquet at 7 p. m., at the Elks' Temple.

The evening session was given to a paper by Dr. Charles L. Mix, of Chicago, on "The Symptoms—Etiology of Gastric and Duodenal Ulcers, and of Biliary Tract Infections," with general discussion opened by Drs. Miller and Clark of South Bend.

Dr. W. B. Christophel, vice president, presided, due to the absence of the president, Dr. A. C. Bartholomew.

So much for the excellent program of the "27th annual special meeting of the St. Joseph County Medical Society." South Bend is one of the several cities, the county seats of wealthy counties in the northern tier of Indiana, connected with abundant railways from New York to Chicago.

Gary, Valparaiso, Laporte, South Bend, Elkhart, Goshen, Angola and Fort Wayne, all have easy reach and call to Michigan University, to Detroit and Chicago, as well as Cleveland, and so are enabled to easily get eminent teachers and specialists to address their meetings. South Bend is peculiar in that her population is largely of the working classes, where visits—at least in the ten years of the late Dr. L. H. Dunning, as he told the present writer—were one dollar each with simple medicines carried by the physician, and ten cents handed back when the dollar was paid at the time of the visit. There is a middle class of officials and trades-people and a few very wealthy citizens. Its physicians have always been of a high order and have furnished a president of the State society and member of the Board of Trustees of the National Association, the late Dr. C. A. Daugherty.

It was at the meeting of the Indiana State Society that the editor of this journal was elected president of the Indiana State Medical Society for the Evansville meeting, 1902-3. And he has always held the South Bend profession in high esteem and regrets that he was not able to be present as per invitation at this valuable and interesting meeting.

A. W. B.

THE PRESIDENT'S PHYSICIAN, DR. CARY T. GRAYSON.

The Indianapolis News Bureau,
33 Wyatt Building.

Washington, November 18.—Although President Wilson has a cabinet to advise him, he is not bound to follow its advice. There is one consultant, however, whose word is practically law to him, and who acts as his personal guardian. This is the official White House physician, and in Woodrow Wilson's case it is Dr. Cary T. Grayson, U. S. N.

Aside from being his medical adviser, Dr. Grayson—or Past Assistant Surgeon Grayson, to use the navy title—is one of the few close personal friends the President has in Washington. He accompanies the chief executive wherever he goes, advises him about what he shall eat and what he shall wear, suggests the

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proper hours of recreation and work, and tells him what he should and should not do in the way of labor.

Dr. Grayson formerly was ship's physician on the President's yacht Mayflower. It was President Taft who summoned him to the White House. President Wilson retained him and the two have become great cronies.

Dr. Grayson was born and reared at Culpepper, Va. He is thirty-two years old and entered the navy as an acting assistant surgeon ten years ago. He is a member of the house staff on the naval hospital here. As past assistant surgeon in the navy, Dr. Grayson's rank corresponds to that of captain in the army.

All physicians will be interested in the above note. It is complimentary to the president and the medical profession. Dr. Grayson must be a capable physician and a general and attractive character.

BERNARD SHAW.

The Chicago Tribune prints daily the best editorial of the day (often one from the Indianapolis News). One of Nov. 15 was from the Minneapolis Journal, entitled "The Value of Shaw," as follows:

"It is a dull world, my masters, aye, a drab one, and would be duller and drabber still but for the wit of the few, the wit which is the salt.

"We don't think ourselves that Bernard Shaw is a profound philosopher, a social prophet, an excellent dramatist. We have found fault with Shaw and have been impatient of his eternal paradoxes and fallacious processes. But we admit that Shaw is salt, Attic salt, in an Anglo-Saxon world of too much utility. And we rejoice when Shaw stirs up complacency and prods hypocrisy, when he pitchforks stupidity and flays respectability. He is a tonic, and as a tonic, not as a social savior, does us good.

"So here's to Bernard Shaw, and long may he continue to spit fire."

People laugh at Shaw but they read him, as we must read Dean Swift or Aristophones or the Bab Ballads. He is Irish and so was Lord Roberts and Kitchener. B.

VERMONT'S POISON LESSON SHOWS THE DANGER FROM WOOD ALCOHOL.

Fourteen Deaths Were Caused by Wood Alcohol—Secretary of the Committee For Prevention of Blindness Points Out the Danger in the Improper Labelling of Poisonous Spirits.

The recent tragedy in Vermont, in which fourteen persons were killed and a number of others blinded by drinking whiskey adulterated with wood alcohol, brings forcibly to mind the fact that legal provisions throughout the country are inadequate to prevent wood alcohol poisoning. The Vermont incident is an example of what happens every little while in other states.

A very recent instance is that of a number of Armenian rug weavers in New York city, who were poisoned by drinking anisette consisting largely of wood alcohol. Three of the men died, and two were blinded. As the groceryman who sold the anisette and the man who manufactured it have no property, it is not possible to secure damages for those who were blinded, nor for the widows of the men who died. These cases may be prosecuted by the district attorney and small fines imposed, the payment of which would simply enrich the State, but in all probability have little or no effect upon the problem as a whole.

The difficulty goes further back than even the small manufacturer—that is, to the producers of wood alcohol who rectify this poison so highly that it can not be distinguished from grain alcohol, known to the trade as Cologne spirits. This rectified wood alcohol, possessing all of its original poisonous qualities and closely resembling grain alcohol, is put on the market under various misleading names, among them being Colonial spirits. As Cologne spirits and Colonial spirits look, smell, and taste alike, we can not wonder that the poisonous alcohol is

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sometimes used instead of the non-poisonous spirit.

Vermont Druggist Misled, He Says.

The Vermont druggist claims that he ordered, and thought he was using Cologne spirits, but that he was actually sold the poisonous Colonial spirits. During the last session of the New York State Legislature, the committee for the Prevention of Blindness endeavored to have passed a law designed to prevent wood alcohol poisoning. At the public hearing on this bill, the danger of confusing Cologne and Colonial spirits was emphasized by the president of the State Pharmaceutical Association. He described a case in which a druggist ordered Cologne spirits, or grain alcohol, to use in preparing his tinctures, extracts, etc. In response to his order he received a five-gallon can labelled "Col. spirits." For some reason this druggist analyzed the contents of the can, and found it to be wood alcohol, the "Col. spirits" evidently being used as an abbreviation for both Colonial and Cologne spirits. Since as little as a teaspoonful of wood alcohol has caused blindness, this man's precaution evidently averted just such a tragedy as has occurred in Vermont.

In spite of the abundance of such evidence as this concerning the dangers of allowing wood alcohol to be sold under present conditions, those interested in the manufacture of this product were successful in their efforts to have the committee's bill defeated.

The New York City Department of Health has recently amended its sanitary code to require all forms of wood alcohol to be labelled "wood naphtha" and to bear a poison label, together with the skull and crossbones. This is the most definite step that has thus far been taken in this country toward preventing wood alcohol poisoning from imbibition. This requirement, however, will be effective only in New York City, and will have no bearing upon poisoning following the inhalation of wood alcohol fumes in the industries.

Throughout the State of New York the combined provisions of the State liquor, pharmacy and agricultural laws are at present inadequate to prevent death and blindness from swallowing and inhaling wood alcohol.

When by State law or through rulings made by the State department, all forms of wood alcohol are labelled poison, as is required by the New York City department of health, and wood alcohol in the industries is replaced by industrial (denatured) alcohol, we shall cease to hear of these pathetic and wholesale disasters.

CAROLYN C. VAN BLARCOM,
Executive Secretary.

105 East 22d street, New York City, Nov. 23, 1914.

Wood alcohol and denatured alcohol are used in the "anti-freeze" mixtures for automobiles. Recently a messenger purchased what she supposed to be denatured alcohol. The label read wood alcohol and when the bottle was returned the clerk penciled the label and wrote denatured alcohol but made no change in the contents. This might be called a lightening change.

DR. HURTY TELLS HOW TO REDUCE TAXES.

Dr. J. N. Hurty addressed the members of the Chamber of Commerce Nov. 19. A synopsis of what he said is as follows:

"There is an old saying, 'There are more ways of killing a dog than choking him on butter.' And I say there are more, yes, better ways, of reducing taxes than by refusing to make expenditures for betterments. The average public purseholder has but one idea of government, and that is, cutting his expenditures below his predecessor's. This average person does not know 'There is a scattering which bringeth an increase and a withholding which causeth poverty.'

"My method of reducing taxes would be by reducing sickness and disease. Sickness and disease can be greatly lessened by the practical application of hy-

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giene to everyday life. Poverty eats up taxes, and poverty trails sickness and disease. Insanity trails sickness and Crime trails disease, and crime eats up taxes. Delinquency trails sickness and disease, and delinquency eats up taxes.

"It is obvious we would be far better off if our physical and mental power were increased. To secure this increase, the first step is to secure better health. The chief physician of the Metropolitan Life Insurance Company says: 'It is safe to say that over half of the American people are today in need of medical attention for physical defects and impairments of health which are leading to serious results.' The more sickness and disease, the more delinquents and dependents. The more delinquents and dependents, the more taxes we must pay.

"Fifteen years ago 2 per cent. of the population was dependent. Today it is 5 per cent. Let this percentage continue to double every fifteen years and where will we land before the United States celebrates its second or third centennial? It is unquestionably true that 'The most important business before the business men today is the business of the public health.' Let the business man neglect this business at his peril."

NEWS ITEMS.

Dr. J. A. McDonald has returned home after an absence of three months.

Dr. G. P. Burke, 51 years, died at Wabash, Ind., of organic heart disease Dec. 4, 1914.

Dr. and Mrs. O. G. Pfaff have returned from a short visit east with their son, Dudley Pfaff of Yale College.

Dr. and Mrs. R. W. Long, who spent Thanksgiving and the week end with friends in Lawrence, returned home Nov. 30.

The wife of Dr. William S. Campbell, formerly of Lafayette, this state, died rather suddenly in McDoel, California, on the 24th instant. The deceased was the daughter of Mr. and Mrs. Abner Storms, of Stockwell, Indiana, where the funeral and interment will take place.

Mrs. Sophronia Osenbach, wife of Dr. Wm. Osenbach, died at the family residence, 1130 Park avenue, Nov. 25, of pernicious anemia.

The leaders at the monthly seminar for the medical department at the medical school Dec. 4 were Drs. A. C. Kimberlin and Harry Langdon.

Elizabeth De Hass, widow of Charles De Hass and mother of Dr. T. W. De Hass, of Indianapolis, died at her home in Hillsboro, Ohio, Nov. 15.

H. T. Parsons, representing J. B. Lippincott Co., in the interest of this reliable firm's publications, visited the physicians in Indianapolis during November.

The additional building to the Methodist hospital on Capitol avenue, is nearly completed and will be ready for occupancy in the spring. Dr. J. M. Moulder is superintendent.

A pediatric society has been organized in Indianapolis with the following officers: Dr. James H. Taylor, president, and Dr. E. B. Mumford, secretary. The meetings will be held monthly.

Dr. Walter K. Schlosser who graduated from the University School in 1912, has moved his residence from St. Joe, Indiana, to Plymouth. He conducts a scientific laboratory and limits his practice to surgery.

Dr. Robert Hessler, of Logansport, was was the guest of Dr. Hugo Pantzer, Nov. 19. Dr. Hessler was at one time pathologist at the Central Indiana Hospital for the Insane, and is the author of a number of scientific publications.

Dr. W. F. Cogswell, state health commissioner of Montana, and W. M. Cobleigh state chemist, were guests of Drs. J. N. Hurty and H. E. Barnard of the In-

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diana State board of health Nov. 29, and later attended the American Health Association at Jacksonville, Fla. Drs. Hurty and Ada Schweitzer also attended this meeting.

The Indiana University trustees met at Bloomington, Dec. 3 and made the following governmental appointments for the medical school: Hospital: F. A. Morrison, David Ross and S. E. Earp; Dispensary: F. W. Cregor, J. A. McDonald and M. N. Hadley.

C. W. Slick, age seventy-four, died at Mishawaka, Ind., Nov. 14. He leaves a widow and one son.

Dr. Slick was one of the oldest dentists in Indiana. He was president of the board of control of the Northern Indiana Hospital for the Insane at Longcliff, seventeen years, being appointed by both Republican and Democratic governors, although he was a Republican.

He was past grand commander of the grand commandery, Knights Templars of Indiana; past thrice illustrious grand master of the grand council, Royal and Select Masters of the State of Indiana, and also a member of the grand encampment, Knights Templar of the United States.

Dr. W. H. McGaughey, of Greencastle, Ind., was elected president of the Association of Big Four Railway Surgeons, New York Central Lines, at the twentieth annual meeting of the organization at the Claypool Nov. 13. Dr. John C. Sexton, of Rushville, Ind., was chosen first vice president; Dr. H. I. Nelson, of Hudson, Mich., second vice president, and Dr. L. A. Ensminger, of Indianapolis, was reelected secretary-treasurer.

Following the election a number of papers on technical subjects were read and a general discussion of the papers was participated in by the members. Among the speakers were Frank B. Whiting, New York, general claim agent for the New York Central system; Dr. R. R. Trueblood, Lawrenceville, Ind.; Dr. C. W. Frink, Elkhart, Ind.; Dr. William A. Ewing, Dayton, O.; Dr. W. L. Means, Columbus, O.; Dr. Harry G. Sloan, Cleveland, O.

Dr. J. M. Perkins, mayor of Denver, Colo., was the guest of Superintendent Sluss of the City hospital Nov. 12th. Dr. Perkins was entertained by the members of the city board of health, and was the guest of its president, Thomas Victor Keene. Concerning the hospital Dr. Perkins said: "The old buildings, like many of our older institutions, have served their usefulness and should be replaced as, of course, they will be ultimately, under the admirable plan your city health board has adopted for rebuilding the hospital on the unit system. I believe Dr. Sluss is obtaining magnificent results, considering the fact that the city has outgrown the old buildings. I never have seen anything finer or more complete than the two new Burdsal units that are to be occupied within a few days. Nothing seems to have been forgotten in the construction and arrangement. The plan to rebuild the hospital on a unit system is the very latest thought in hospital construction. The city health board, I believe, is accomplishing much more work with less money than we are in Denver, and I see an opportunity for introducing several economical features when I return. For one thing, Dr. E. J. Dubois, city bacteriologist, is doing far more work than we are in Denver, where we have two bacteriologists, who devote only part time to their work, and whose combined salaries are twice what Dr. Dubois is receiving."

Dr. M. J. Spencer has been appointed police surgeon to succeed Dr. T. L. Sullivan, who becomes superintendent of the City hospital January 1, to succeed Dr. John W. Sluss. Dr. Spencer has filled several positions of trust under the city administration and always with credit. He was a member of the board of health who, with a special commission consisting of Drs. J. H. Ford, J. R. Eastman and S. E. Earp, prepared the plans for the

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Burdsal units at the City hospital. He graduated from the former Central College of Physicians and Surgeons in 1896.

Dr. Charles R. Crow, age 62, who has practiced medicine in Indianapolis for twenty-seven years, died at his residence, 1238 N. Illinois street, Nov. 27th of locomotor ataxia. Dr. Crow formerly lived at Greencastle and graduated from the Indiana Eclectic Medical College which ceased to exist several years ago. He was a member of the Masonic fraternity and Broadway M. E. church. Dr. Crow is survived by his widow, mother, two brothers and two sisters.

Dr. Marshall P. Shively, age sixty-five, prominent in the medical profession in Grant county, died of paralysis at his home in Marion, Ind., Nov. 23. Dr. Shively was for many years a member of the Democratic state central committee from the Eleventh congressional district, and also was a delegate to national conventions, including the Baltimore convention, which nominated President Wilson. He was a cousin of Vice-President Thomas R. Marshall.

The Indiana Academy of Science met at the Claypool Hotel, Indianapolis, Dec. 4-5. The papers were devoted to subjects relating to bacteriology, botany, zoology, chemistry, engineering, geography, geology and mathematics, meteorology and physics. At the general session the program was as follows: Address by the retiring president, Mr. Severance Burrage; general session at 8 o'clock, Friday evening, subject: "Science in Its Relation to Conservation of Human Life." Symposium: Some Scientific and Practical Aspects of the Problem of Feeblemindedness. 1. The Feebleminded Family, Amos W. Butler, Indianapolis. 2. The Problem of Feeblemindedness, Dr. G. S. Bliss, Ft. Wawne. 3. The Feebleminded and Delinquent Boy, Dr. F. E. Paschal, Jeffersonville. 4. The Feebleminded and Delinquent Girl, Dr. E. E. Jones, Evanston, Ill. 5. Feeblemindedness in the Public School, Miss Katrina Myers, Indianapolis. The above papers were limited to fifteen minutes. Discussion opened by Mr. F. S. C. Wicks.

Dr. Thomas Sullivan becomes superintendent of the City Hospital January 1. He graduated from the Indiana University School of Medicine, then became interne at the hospital and later police surgeon under Mayor Bell. He filled these positions well. Dr. J. W. Sluss, the retiring superintendent, is a member of the teaching force of the Indiana University School of Medicine and the author of a manual on emergency surgery. He has made a painstaking officer, demonstrating executive skill and his relations with the members of the hospital staff have been pleasant.

HOWDY, MISTAH PUNKIN!

Howdy, Mistah Punkin!
Good mawnin'! Howdy do!
I been all thoo de mahket
To find a scamp lak yo'.
Mammy say to bring yo' home,
An' dat's my 'tention, too—
So howdy, Mistah Punkin!
Good mawnin'! Howdy do!

Say, Punk, I'll tell yo' fortune,
One sho'lly comin' true—
Ob co'se I knows yo'se yallah,
But dis'll make yo' blue—
A cullud lady wif a knife
Am gwine to cut yo' throo!
So howdy, Mistah Punkin!
Good mawnin'! Howdy do!

She's gwine to peel yo' hide off,
Take out yo' innards, too;
Den cahve yo' all to pieces
An put yo' on to stew,
So's when it comes Thanksgivin'
Her boy kin say to yu'—
Howdy, Mistah Punkin Pie!
Good mawnin'! Howdy do!

—W. M. Herschell.

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BOOK AND JOURNAL REVIEWS.

Kirkes' Handbook of Physiology. Eighth American revision. Revised by Dr. Chas. W. Greene. 8vo, 790 pages, illustrated with 2 colored plates and over 500 engravings in black and numerous colors. Wm. Wood & Co., New York. Extra muslin, $3.00 net.

We have been familiar with this publication since an early edition and have used it in class-work. It has passed the eighth edition and has stood the test of time as but few works of this kind have done. Very appropriately it opens with the phenomena life which is presented in an interesting manner and furnishes a splendid preparation for what follows:

The heart and circulation are taken up scientifically and yet the text does not contain the coldness so often noticed, but rather there is a vein of interest which at once influences the reader without the loss of facts which abound in such a subject. Perhaps we should say it is written entertainingly, but this is too common place and does not express sufficient strength. Usually, all that pertains to the nervous system is neither explicit nor clear while in this volume it is made plain and not too brief. The subject of food and its relation to the body including all phases will hardly admit of improvement. This may be said in a general sense and yet even if it be repetition on our part we desire to call attention to the portion of the text which speaks of digestion. It will furnish original information which is reliable for the beginner and yet for the well-read practitioner it is trustworthy for reference. As we pass the topics relative to the stomach and pancreas, perhaps casually, we have not lost sight of a word on the secretions of the liver. The important antitoxic role the liver plays was brought out by Dillard and Decharnbre in 1910. It was shown that the fluid contained by the autolysis of the liver of the pig destroys the toxicity of a mortal dose of cobra venom. In 1912 Barloco demonstrated that the hepatic autolysate counteracted toxicity of diphtheria poison. Is the detoxicating function of the liver brought about by a purely chemical reaction or through the medicine of a catalytic agent. This subject was presented in the Indianapolis Medical Journal for November. A knowledge of the lucid work by the author of this physiology would prepare any reader for a thorough understanding of this and like subjects. Two other topics which are of especial interest are excretion and muscle-nerve physiology. The illustrations are of the highest character and distributed throughout the book where they are especially appropriate and best subserve their usefulness.

Dr. Greene has made a thorough revision of this edition, incorporating all the advances in physiology which have been made since 1910.

S. E. E.

International clinics, a quarterly of illustrated lectures and especially prepared original articles on all the departments of medicine and surgery, by leading members of the medical profession throughout the world, edited by Henry W. Cattell, A. M., M. D., Philadelphia, with the collaboration of John A. Witherspoon, M. D., Nashville, Tenn., and others. Vol. III, Twenty-fourth Series, 1914, J. B. Lippincott Company, Philadelphia and London. Price $2.00.

To give the table contents and a list of the eminent authors of this volume perhaps would suffice. That the opinion of the reader would be favorable can not be questioned.

While attention may be called to some portions of the text does not by any means indicate that the remainder is not up to the standard.

The treatment of typhoid fever by the use of vaccine includes the report of eighteen cases by Goodman. The readers of this journal are familiar with work done in the U. S. army and recorded in our abstract department from time

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to time and yet too much can not be said upon the subject; the reading of this contribution will be helpful. Steinhardt tells of the treatment of diphtheria. Perhaps this will serve to refresh the memory of some one who has treated but few cases. If this author read a paper before a medical society it evidently would contain more of the kind of information the doctor wants, dealing not so much with what the average practitioner already knows but rather the injection of some new thought. In this issue brevity in some instances is especially noticeable; for instance, three pages relating to tuberculosis by Vedel of France, and Robin of Paris, has the same amount of space devoted to diabetes. Perhaps this is enough to serve the purpose intended. It is a pleasure to read what Goepp says concerning hypodermoclysis in the treatment of acute infections and just as needful is the presentation of therapeutics of the foot by Frescoln of Philadelphia. In another portion of the text he speaks of the results of the operation of vaccinating. We need more reports of this kind. It is timely. The five cases of traumatic pneumonia are especially appropriate to illustrate the article of Knox of Scotland. Hess of New York is inclined to give the vaccine treatment of pertussis some credit, believing that the vaccine has a protective value in a certain percentage of cases, although twenty-one of the 244 cases developed pertussis in spite of the prophylactic inoculation. He says that the use of vaccines in prophylaxis seemed by analyogy to offer great promise, in view of the established fact that other vaccines—for example, the typhoid vaccine—possess prophylactic but no curative power. This seems to some extent, although far less so, to be true of pertussis vaccine. More than the usual amount of space is consumed by Bishop in presenting the practical points in the application of static electricity in which six illustrations make plain the text. The value of electricity in treatment is shown by several other contributors. We especially call attention to the 110 pages occupied by the surgical clinic of John B. Deaver at the German Hospital in Philadelphia, which is the contribution of Dr. P. G. Skillern, Jr. Those who know Dr. Deaver will enjoy seeing the full page likeness of him. As we near the close of this volume we pass without mention some valuable surgical topics by Asman, Cumston, Steel, Hibbitt and Sherrill. No doubt the last three subjects will be read at leisure. Gruenberg talks of the physician and the child. He is the author of "Your Child Today and Tomorrow." We enjoy this topic because it is child welfare and we will not disagree with Dr. Ball concerning big fees. He is radical and calls a spade by no other name. As a finale Dr. J. H. Mackay shows how to right the wrongs of medical education, from his viewpoint, by going into a discussion of the waste in medical education. Well, optimistically, we may say that medical education, like the world, is growing better, the war notwithstanding. It is a process of evolution.

S. E. EARP.

The Physician's Visiting List for 1915. Sixty-fourth year of its publication. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia.

Its contents embraces a calendar, table for utero-gestation, information concerning drugs, their dosage and incompatability, tables for the systems of weights and measures, directions for quarantine and many other things a ready reference book for the physician should contain.

In short, this is a book for the pocket which every physician needs. If his work is not accurately recorded, it is the owner's fault. Business methods are foreign to some physicians and this is a misfortune. No book that I have seen, of the late publications, equals this one. Doctors recognized its importance. It is just the thing for the recent graduate. In this way he can commence right, with a record-book for each year during his term of practice. By its use an account can be made out readily; especially is

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this in point when a patron desires to pay a bill for service rendered during the year. It will prevent the loss of many bills. I prefer the monthly edition by all means, but those who differ can obtain a weekly edition and in two volumes if desired. Some prefer the perpetual record which is the same as the monthly but without dates, and with special memorandum pages. It can be commenced at any time. For 1300 names the price is $1.25, for 50 patients per week, $1.50. Either of these will usually answer the purpose, but extra large editions can be obtained for $2.50.

S. E. E.

Worry and Nervousness or the Science of Self-Mastery, by William S. Sadler, M. D., professor of therapeutics, The Post-Graduate Medical School, Chicago; director of the Chicago Institute of Physiologic Therapeutics, etc. Illustrated. A. C. McClurg & Co., Chicago, 1914. Price $1.50 net.

We reviewed in these columns, some years ago, The Physiology of Faith and Fear, by Dr. Sadler. It dealt with the physiological and psychological phases of functional nervous disorders. The book was well received by the medical profession and largely, too, by the laity. Now we are given the therapeutics, treatment and management of the various neuroses and much valuable information concerning alcoholism, migraine, neurasthenia, narcotism, etc.

The author's neurasthenic triangle has for a base heredity while the two sides are represented by education and environment. Each one is minutely discussed.

Some one has said that every worry makes a wrinkle and we are of the opinion that if the laity will read what the author says relative to common causes of worry and nervousness the features of many such are likely to remain free from these facial furrows that are so often the sign of premature old age. Habit, tension of mind and body, fear, dread, high pressure life (call it Americanitis if you like the term better) and fastidious suffering are dissertations well worth while to read. Neurasthenia is never lost sight of in the text; if not in the headline, it can be read between the lines. With so careful presentation of this subject it could not justly be otherwise. Some of the things which attracts our attention relative to the hygiene of the nervous system are heredity and prophylaxis, positive and negative conditions, childhood, neurology, social intercourse, self-control, sleep, occupation, recreation and all important organization and training. All this is especially interestaing. Much is said about mental deception, but not too much. Just here we are told of the ills of drug delusion, faith cure healing, spurious spiritism, hypnotism, etc. Let us use the term pseudo-psychotherapy with the author. Christian Science is not left out. To give the untowardness of these sometimes dire influences is apropos, yet if there is any good in Israel it has not escaped the text. The reader will at once recognize the exhaltation of the will and the truthfulness of what is pointed out in the relief of the repressed motions. Passing to other chapters it seems as if recreation and relaxation are the most important and farther on rest or play cure meets our approbation and as we come to the finale there is presented the rarest gem of the diadem, triumph of self-mastery.

S. E. EARP.

Progressive Medicine, a quarterly digest of advances, discoveries and improvements in the medical and surgical sciences, edited by Hobart Amory Hare, M. D., assisted by Leighton F. Appleman, M. D., Vol. IV, December, 1914. Lea and Febiger, Philadelphia and New York, 1914.

At the outset of this issue 106 pages are devoted to the diseases of the digestive tract and allied organs, the liver, pancreas, and peritoneum; following this by Goodman we find a dissertation on diseases of the kidneys by Bradford, while closely connected in interest there is a discussion referable to the kidneys and ureters, the bladder, prostate, etc., by

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Bonney. Recent medical and surgical knowledge concerning each of these topics are here found. The portion of this book which treats of surgery of the extremeities, shock, anesthesia, infections, fractures and dislocations and tumors, by Bloodgood, commences with the subject of shock and calls attention in three full pages to the work of Dr. Frank Mann in the experimental laboratory of Indiana University School of Medicine, a synopsis of which appeared in this journal, together with an editorial on the subject from the New York Medical Journal. The war now in progress makes the contribution of Dr. Bloodgood very interesting. The practical therapeutic referendum is worth the price of this issue, which is two dollars, but a subscriber receives the four numbers for $6.00.

Dr. Landis seems to have kept a record of everything new about drugs and their use and remedial methods in general.

S. E. E.

A Text-Book of General Bacteriology. By Edwin O. Jordan, Ph.D., Professor of Bacteriology in the University of Chicago and in Rush Medical College. Fourth edition, thoroughly revised. Octavo of 647 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.00 net.

It is a pleasure to again review this work of the distinguished professor of bacteriology in the University of Chicago, and in Rush Medical College, now in its fourth and thoroughly revised edition. For it is not a purely technical medical treatise, but teaches modern life, biological science and economics, and their wide relationships such as occur in household administration, in agriculture and sanitary engineering as well as other and varied industries and technicological pursuits. There are other excellent manuals by American authors—those of Frost, Gorham, Heineman and Nory may be mentioned—but the choice of the present reviewer tends toward this work of Professor Jordan's perhaps because in part of his early knowledge of Rush Medical College from the time of the civil war and to the present and, secondly, because it is the book that he keeps in his home collection, where it can be easily reached to clear up the general problems of the micro-organisms which arise in general reading, medical or scientific. Does some one ask about the "Foot and Mouth Disease" or the "Filterable Viruses" or the "Fermentation of Sour Kraut" or the wierd relationships of bacteria to the cycle of "nitrogen—fixation, nitrification, denitrification," we simply refer them to the xxxiii chapter of Jordan and have them observe the nodules in the common clover, the bean and pea plants or other members of the legumenous order.

And so with thrush, the ringworm infections, the pathogenic yeasts (blastomycetes) and the molds (including sporotricha).

The book is not a medical book, nor is it strictly a laboratory guide in the sense of those mentioned above, but it is well worth the while of the spohomore and junior classes of medical schools, and as indicated above is extremely valuable as a school, public library and home book of bacteriology.

It would improve the general knowledge of most of our practitioners to read this book and prevent their giving guess answers to the inquiries of patients and scientific laymen.

A. W. BRAYTON.

A Manual of Infantile Paralysis with Modern Methods of Treatment, including Reports Based on the Treatment of Three Thousand Cases, by Henry W. Frauenthal, A. C., M. D., surgeon and physician in chief, New York Hospital for Deformities and Joint Diseases, and Jacolyn Van Voliet Manning, M. D., Epidemiologist, Wisconsin, 1908, Epidemic, Acute Poliomyelitis. Copiously illustrated with more than one hundred engravings, nearly all original. F. A. Davis Company, publishers. English Depot, Stanley Phillips, London, 1914.

The volume is founded upon the personal experience of men of ability rela-

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tive to poliomyelitis. This embraces symptoms, diagnosis and treatment. Technical terms are avoided so far as possible, considering that the intent of the authors is to present the discussion of a disease whose lesions involve the nervous system and the intricate functions of the body which the nervous system initiates, coordinates, and directs. The chapters on physical therapy and manipulative treatment are written in a manner to be understood by parents. The clinical outline of cases and autopsy reports add much to the information of a subject which we need to study carefully. The report of the Wisconsin of 1908 is very clearly given and is a help to the reader. What is said concerning the etiology and pathology shows the modern trend, and in the description the anatomy of the chronic stage is given. The illustrations are a valuable adjuvant to that portion of the text which speaks of the special types of the disease. The chapter on differential diagnosis is one of the best but all are good. Very briefly, prophylaxis for the physician is outlined, and the seven suggestions can not be spoken of too often. Treatment is in nowise slighted as is so frequently the case. But of 365 pages 106 of them relate to the treatment. Hence from this portion of the book the reader will receive much information that is needed. It is modern and given by men of wide experience in the treatment of this and other diseases.

S. E. EARP.

Annual Report of the Surgeon General of the Public Health Service of the United States for the Fiscal Year 1913.

This report of over 300 pages has been gotten up in first class style, not alone as far as the binding and print is concerned, but also, which is more important, in the mass of copious and interesting tables and statistics with which it abounds. A perusal of this report impresses one with the enormous amount of painstaking care exercised by the United States Health Service in safeguarding the nation against epidemics, and attending generally to the strict observance of the sanitary laws which have been so wisely passed by the authorities.

The work of this great service can not be too highly praised, and in order to fully understand all that has and is being done along the line of prevention and cure the report should be read by everyone who is at all interested.

W. C. WOOD.

A Medical Dictionary for Nurses, giving the definition, pronunciation and derivation of terms used in medicine, together with supplementary tables of weights, measures, chemical symbols, etc., arranged for nurses. By Amy E. Pope, graduate of the School of Nursing of the Presbyterian Hospital, New York City, etc., etc. G. P. Putnam and Sons, 2, 4 and 6 West 45th street, New York and London, The Knickerbocker Press, 1914.

This author has published other valuable books such as Essentials of Dietetics, Quiz Book for Nursing, Anatomy and Physiology and Practical Nursing. With the latter Anna C. Maxwell is associate.

It is unnecessary to go into detail concerning the purpose of this book and every graduate or student-nurse will say that something of the kind is indispensable. In my lecture courses at St. Vincent's Hospital Training School and also at the Protestant Deaconess Hospital I recognized the importance of a dictionary especially suited for nurse study. Some one said if confined to the use of three books, select the Bible, Shakespeare and Webster's Dictionary. If a nurse possesses half a dozen books, the dictionary, like the name in Abou Ben Adhem of Leigh Hunt, rightfully heads the list. Without it, lectures can not be understood and textbooks need its companionship. In fact it is within itself a text book. To possess a good vocabulary, it is a good practice to select three words each day that have not been familiar, get an understanding of their use

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and at the end of a year the individual will be surprised at the progress made.

A careful examination of the Amy E. Pope dictionary convinces me that it should be the nurses' companion. It is the best book of the kind that I have seen. It is not large, the type is distinct, the definitions and pronunciation are standard and the price, $1.00, is so reasonable that there is doubtless enough pin-money in the exchequer of the average nurse to purchase it.

S. E. EARP.

Serology of Nervous and Mental Diseases. By D. M. Kaplan, M.D., Director of Clinical and Research Laboratories of the Neurological Institute, New York City. Octavo of 346 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $3.50 net.

This is the first book on this subject covering the serology of nervous and mental diseases, although there are many scattered articles in general and special periodicals, many of the best being from the pen of Dr. Kaplin. The book has had the approval and aid of Dr. Karpas, of psychiatry work in Bellevue Hospital, also Dr. H. Noguchi in furnishing photographs and suggestions. Part I—77 pages, is devoted to technology—20 pages to the spinal fluid—a very important chapter dealing with origin of the cells in the fluid. The author concludes that the lymphocytes and granulocytes are hematogenous in origin, while the large fibroblastic elements, the plasma cells and their derivatives are histogenic in their origin.

This is a very important book. There are 75 pages of titles on the literature—notably of salvarsan and neosalvarsan. Half of this book is devoted to the diseases and conditions due to the spirochete. The writer knows of a score of physicians and teachers in Indianapolis who would take a deep interest in this book. He probably will lend it to several of them and they will buy it.

The whole subject of treatment of taxia and paresis—the diagnosis, the giving or not giving of the salvarsanized serum subdurally in hospitals at an expense of $200 or more to the patient; the retaining of these wrecks of lives in sanitoriums for months—all depends on the substraction of fact and research set forth in this book by Dr. Kaplan.

A. W. B.

Macmillan's November monthly list says that the publication of a new edition of Kimber's Anatomy and Physiology for Nurses, which is the accepted standard in Training Schools for Nurses, is of great importance to the nursing profession. By an arrangement with Miss Kimber, who is now living abroad, this text book has been completely revised with additions by Miss Carolyn E. Gray, long an associate of Miss Kimber, and many new illustrations and up-to-date features have been added. It is needless to say that this revised edition in every way retains the authoritativeness and unusual thoroughness for which this text is famous. The extent to which the book is in use is indicated by the fact that since its first issue it has been necessary to reprint it no less than thirty-one times.

PEACE ON EARTH TO GENTLE MEN.

Go, lose or conquer as you can;
But if you fall or if you rise,
Be each, pray God, a gentleman—

A gentleman, or old or young!
(Bear kindly with my humble lays)
The sacred chorus first was sung
Upon the first of Christmas days;
The shepherds heard it overhead—
The joyful angels raised it then:
Glory to heaven on high, it said,
And peace on earth to gentle men.

—Thackeray.

At the monthly meeting of the Public Health Nursing Association at the Propylaeum, Miss Wilhelmson, superintendent of nurses, reported that the nurses had made 1,010 visits to the homes of their patients in November. There were 219 patients cared for.

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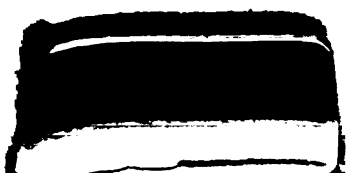

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